



Lost Animal Form Instructions(SOG)

Purpose:

- To enable a field rescue team to go to enter a person's private property and look for their animals.
- To document animals reported missing by owners.
- To facilitate the unification of animal and rightful owner.

Process

Claimants must complete this document before viewing the stray animal book or searching a shelter:

- They may not claim an animal not described on the form in advance.
- Any photos or lost posters should be attached to the lost animal form.

Shelter workers should compare all animals brought into the shelter with animals reported lost and documented on this form:

- Shelter workers that connect an animal in care to a Lost Animal Form should contact the reporting party for possible identification.
- Shelter workers that positively connect an animal in care to an owner should write the intake number in the upper right hand corner and place it with the intake form.

Completing the form:

- Complete one form for each animal reported missing.
- Intake Volunteer must indicate their name, the date, and location they completed the form.

Owner Information

This should be the owner's current information, i.e., temporary address, if displaced, such as human shelter location, hotel, etc.

Animal Location

This is the last place/address the animal was seen by the owner.

Animal Information

This needs to be as thorough as completely as possible. Owners may need assistance here.

Medical Information

Veterinarian may have information useful to reunite lost animals. They may be located from a local telephone book or a Web site.

Contacts

List the names of other organizations where the animal has been reported missing. Shelter workers can use this info to cross-reference with other organizations.

Final Status of Animal

Complete to close out file.

This Form Created by RedRover, (916)429-2457. Reprint And Use By Permission Only. Revised 8/2011



INTAKE NUMBER

Lost Animal Form

TODAY'S DATE:

INFORMATION RECEIVED BY: (PLEASE PRINT)

WHERE WAS THIS FORM COMPLETED?	
<input type="checkbox"/> TEMPORARY ANIMAL SHELTER	<input type="checkbox"/> HUMAN EVACUATION SHELTER
<input type="checkbox"/> FIELD	<input type="checkbox"/> OTHER _____
OWNER INFORMATION	
NAME:	CITY/STATE/ZIP:
ADDRESS:	
HOME PHONE: ()	WORK PHONE: ()
CELL PHONE: ()	
ALT. PHONE: ()	E-MAIL ADDRESS:

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ANIMAL INFORMATION	
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> HORSE <input type="checkbox"/> OTHER: _____	AGE: _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> NEUTERED <input type="checkbox"/> SPAYED <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> BREED: _____	<input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE
FUR LENGTH: _____	COLOR(S): _____
TAIL: <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> CURLY <input type="checkbox"/> BUSHY <input type="checkbox"/> DOCKED	EARS: <input type="checkbox"/> ERECT <input type="checkbox"/> FLOP <input type="checkbox"/> CROPPED
DISTINGUISHING MARKS?	
ANIMAL'S NAME:	MICROCHIP TATTOO
COLLAR? YES NO	NUMBER: _____
TYPE/COLOR: _____	ID TAG? YES NO
COUNTY RABIES LICENSE NO./YEAR:	NAME/PHONE NUMBER: _____
ISSUING COUNTY:	

MEDICAL INFORMATION	
VETERINARIAN NAME:	PHONE NUMBER:
ADDRESS:	ARE VACCINATIONS CURRENT?
ANIMAL ON ANY MEDICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO DATE LAST GIVEN: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: _____	FREQUENCY?
	WHEN WAS MEDICATION LAST GIVEN?
	DATE: _____ TIME: _____

CONTACTS
WHO ELSE HAVE YOU NOTIFIED THE ANIMAL IS MISSING?

COMMENTS	FINAL STATUS OF ANIMAL
	FOR OFFICIAL USE ONLY
	<input type="checkbox"/> OWNER LOCATED <input type="checkbox"/> MATCHED WITH INTAKE ANIMAL <input type="checkbox"/> DECEASED <input type="checkbox"/> UNKNOWN AFTER 30 DAYS

ATTACH PICTURE HERE