

# Animal Intake Form

TODAY'S DATE: \_\_\_\_\_

**ARRIVING STATUS OF ANIMAL**

RESCUED  
 DROPPED OFF  
 DEAD ON ARRIVAL

RECEIVED BY: (PLEASE PRINT) \_\_\_\_\_

REQUESTED RESCUE?  
 YES  NO

IF YES, WHO REQUESTED IT?  
 OWNER  OTHER \_\_\_\_\_

**OFFSITE STATUS (If Applicable)**

OUT DATE	LOCATION	RETURN DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE YOU THE OWNER?  YES  NO If not, what is your relationship to the animal? \_\_\_\_\_

**CONTACT INFORMATION**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

ALT. PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PERMISSION TO FOSTER?  YES  NO SURRENDERED?  YES  NO DRIVERS LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

**LOCATION OF ANIMAL PICKUP (Give address if known and landmarks)**

**ANIMAL INFORMATION**

DOG  CAT  HORSE  REPTILE  OTHER: \_\_\_\_\_  LITTER (Under 8 weeks old) NUMBER IN LITTER: \_\_\_\_\_

MALE  FEMALE  NEUTERED  SPAYED  UNKNOWN BREED: \_\_\_\_\_  SMALL  MEDIUM  LARGE

AGE:  YOUTH  ADULT  SENIOR TAIL:  LONG  SHORT  CURLY  BUSHY  DOCKED EARS:  ERECT  FLOP  CROPPED

FUR LENGTH: \_\_\_\_\_ COLOR(S): \_\_\_\_\_ IF CAT, IS IT DECLAWED?  YES  NO

DISTINGUISHING MARKS? \_\_\_\_\_

ANIMAL'S NAME (if known): \_\_\_\_\_  MICROCHIP  TATTOO NUMBER: \_\_\_\_\_

COLLAR?  YES  NO ID TAG?  YES  NO TYPE/COLOR: \_\_\_\_\_ NAME/PHONE NUMBER: \_\_\_\_\_

COUNTY RABIES LICENSE NO./YEAR: \_\_\_\_\_ ISSUING COUNTY: \_\_\_\_\_ ATTEMPT TO CONTACT COUNTY (Date & Result): \_\_\_\_\_

IS ANIMAL AGGRESSIVE?  YES  NO (If YES, Mark Cage) IF YES, WHAT IS THE ANIMAL AGGRESSIVE TOWARD?  PEOPLE  DOGS  OTHER ANIMALS HAS ANIMAL BITTEN ANYONE?  YES  NO

**ATTEMPTS TO CONTACT OWNER**

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

**MEDICAL INFORMATION**

KNOWN DISEASE STATUS: TYPE: \_\_\_\_\_  POS  NEG TYPE: \_\_\_\_\_  POS  NEG

KNOWN VACCINATION STATUS: TYPE: \_\_\_\_\_  1 YR  3 YR LOT #: \_\_\_\_\_

TYPE: \_\_\_\_\_  1 YR  3 YR LOT #: \_\_\_\_\_

TYPE: \_\_\_\_\_  1 YR  3 YR LOT #: \_\_\_\_\_

KNOWN INJURIES/MEDICAL HISTORY: \_\_\_\_\_

MEDICATIONS NEEDED: \_\_\_\_\_

**DEPARTING STATUS OF ANIMAL**

DATE RECLAIMED: \_\_\_\_\_ OWNER'S SIGNATURE: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE FOSTERED/ADOPTED: \_\_\_\_\_ (Attach completed foster/adoption agreement to intake form) PHONE NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE EUTHANIZED: \_\_\_\_\_ REASON: \_\_\_\_\_

VETERINARIAN (signature) \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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ATTACH PICTURE HERE