

INTAKE NUMBER

Lost Animal Form

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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:	ADDRESS:	CITY/STATE/ZIP:
HOME PHONE: ()	WORK PHONE: ()	CELL PHONE: ()
ALT. PHONE: ()	E-MAIL ADDRESS:	

ANIMAL LOCATION	
DATE LAST SEEN:	LOCATION:

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 EARS: <input type="checkbox"/> ERECT <input type="checkbox"/> FLOP <input type="checkbox"/> BUSHY <input type="checkbox"/> DOCKED <input type="checkbox"/> CROPPED	
DISTINGUISHING MARKS?			
ANIMAL'S NAME:		<input type="checkbox"/> MICROCHIP <input type="checkbox"/> TATTOO NUMBER: _____	
COLLAR? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE/COLOR: _____		ID TAG? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME/PHONE NUMBER: _____	
COUNTY RABIES LICENSE NO./YEAR:		ISSUING COUNTY:	

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