

ANIMAL INTAKE FORM For pet emergency kit owners can fill in green area for each pet, add pictures of pet and current rabies certificate and vaccine info.



PLEASE PRINT

Incident _____	Location of Shelter _____	Date _____	Time AM PM _____
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INTAKE PERSON	Last Name _____	First Name _____	Title _____	Team _____
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Animal ID# _____	<input type="checkbox"/> Owner/Agent drop off <input type="checkbox"/> Owner requested rescue	<input type="checkbox"/> Found <input type="checkbox"/> Relinquished	<input type="checkbox"/> Search and Rescue <input type="checkbox"/> Deceased
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Location/ were animal found/rescued _____
 GPS LAT/LONG _____

Name of Animal _____	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Litter <input type="checkbox"/> _____	Color-Markings-Declawed _____ Fur :Short Medium Long Curly Ears: Erect Cropped Floppy Tail: Short Long Bush Docked	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Altered <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Identification <input type="checkbox"/> Collar _____ <input type="checkbox"/> ID Tag _____ <input type="checkbox"/> License# _____ <input type="checkbox"/> Rabies # _____ <input type="checkbox"/> Tattoo _____ <input type="checkbox"/> Microchip _____
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Age _____ Years _____ Months _____ Weeks _____ **Estimated** 1-2 -3-4-5-6-7-8-9-10-12-15 Years _____ Weeks _____ Months _____

OWNER/AGENT	Last Name _____	First Name _____
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Street Address _____	Town _____	State _____	Zip code _____
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Home phone _____	Cell phone _____	email _____	Relationship to owner _____
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EMERGENCY CONTACT	Name _____	Phone _____
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BEHAVIOR <input type="checkbox"/> CAUTION!	IS ANIMAL AGGRESSIVE? <input type="checkbox"/> People <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other	HAS ANIMAL BITTEN ANYONE <input type="checkbox"/> YES <input type="checkbox"/> NO
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VETERINARY	Name/Clinic _____ Town _____	Phone _____
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VACCINE STATUS <input type="checkbox"/> Unknown	<input type="checkbox"/> Rabies Expires _____ <input type="checkbox"/> Feline/Canine Distemper Expires _____ <input type="checkbox"/> Bordetella Expires _____ <input type="checkbox"/> _____
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MEDICAL STATUS *LIST MEDS HERE OR ON ANIMAL DAILY CARE SHEET	KNOWN MEDICAL CONDITIONS-INJURIES _____ MEDICATIONS _____ MEDICATIONS WITH <input type="checkbox"/> OWNER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NO MEDS AVAILABLE
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DEPARTING STATUS OF ANIMAL DATE _____ INITIALS _____	<input type="checkbox"/> Released to OWNER/AGENT- SIGN X _____ PRINT _____ <input type="checkbox"/> Held for OWNER <input type="checkbox"/> FOSTERED-ADOPTED LOCATION _____ <input type="checkbox"/> Animal Euthanized – Deceased <input type="checkbox"/> Owner notified _____
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_____ The animal owners (agents) acknowledge that the risk of injury, escape or death of the animal during an emergency cannot be eliminated. By signing I do not hold the S.M.A.R.T.and its representative responsible for injury, escape or death of the animal during an emergency.

_____ The animal owners (agent) acknowledges that the risk of injury, escape or death of the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary care or expenses which may be incurred in the necessary treatment of their animal.

_____ I hereby authorize S.M.A.R.T. and its agents to provide medical care as they deem reasonable under the circumstances. S.M.A.R.T. and its agents will use all reasonable care but will not be liable for any loss of accident or disease that may result as the result of emergency veterinary care and sheltering. Veterinary care is not always available in emergency sheltering situations.

Signature X _____	Print _____	Date _____
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