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**Shelter Animal Intake Form**

Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Personnel Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_am/pm Animal ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Animal Arrival Status:* Rescued € Owner/Agent Drop-off € Owner Requested € ASAR
* Found € Relinquished € Deceased
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Species | Breed | Color/Markings | Gender | Known ID |
|  |  |  |  | € Female€ MaleAltered€ Yes€ No | € Collar€ ID Tag€ License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_€ Rabies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_€ Microchip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_€ Tattoo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Address and/or location where animal was recovered

Owner(s) Name

Owner(s) Address

( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (home) Phone (cell) Owner(s) email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Name Phone

**Emergency Contact**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Cell phone

\_\_\_\_\_ 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 ASPCA and its representatives 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. It is also requested that the animal owner(s) agent contribute to the daily care of their animal, whenever possible.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Print Owner Name Date

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| --- |
| Final Disposition of Animal:  € Returned to Owner € Hold for Owner € Adopted € Euthanized/DeceasedTransported: € Shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € Foster Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ € Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |