

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.



Incident		Location of Shelter		Date	Time AM PM
INTAKE PERSON		Last Name	First Name	Title	Team
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	
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	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 _____	
Breed		Fur :Short Medium Long Curly Ears: Erect Cropped Floppy Tail: Short Long Bush Docked			
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	
Street Address			Town	State	Zip code
Home phone		Cell phone	email	Relationship to owner	
EMERGENCY CONTACT		Name		Phone	
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	
VETERINARY		Name/Clinic		Town Phone	
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"/> _____				
MEDICAL STATUS	KNOWN MEDICAL CONDITIONS-INJURIES _____				
*LIST MEDS HERE OR ON ANIMAL DAILY CARE SHEET	MEDICATIONS _____ MEDICATIONS WITH <input type="checkbox"/> OWNER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NO MEDS AVAILABLE				
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 _____				
<p>_____ 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.</p> <p>_____ 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.</p> <p>_____ 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.</p>					
Signature X		Print		Date	