Animal Intake Form

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Animal ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Transport # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency or Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Stats**

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

**Initial Evaluation**

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| **Behavior:**  € Friendly € Shy/Cautious/ Fearful € Aggressive € Biter/Bite Hold |

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| **Animal Health Status: €** Emergency Medical € Medical Care Advised € Stable € Pregnant € Deceased |

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| **Medical Exam:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **€** Examined € Treatment Sheet Filed |

**Final Evaluation**

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| **Disposition:**  € Returned to owner € Deceased € Euthanized * Adopted

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_€ Transferred Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Final Behavioral Evaluation**

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| **Behavior:**  € Friendly € Shy/Cautious/ Fearful € Aggressive € Biter/Bite Hold |

**Exit Personnel/Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_**