

INTAKE REPORT
<RESCUE NAME>

Date Completed:

Completed By:

Animal's Name:

Pick up date:

Age:

DOB:

Sex: Female Male

Spayed/neutered? Yes No

Height:

Weight:

Color:

Micro chipped: Yes No

Micro chip number:

Manufacturer:

Intake Type (stray, owner/guardian surrender, transfer from shelter transfer, seized):

Surrender reason:

Surrender agreement on file: Yes No

If owner/Guardian surrender, complete the following:

Owner's name:

Street Address:

City/State:

Zip Code:

Phone Number:

Email address:

If shelter transfer, complete the following:

Shelter name:

Street Address:

City/State:

Zip Code:

Phone Number:

Email address:

Contact name:

Additional Comments:

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Veterinary History

Date last vetted:

Medical Records on file: Yes No

Veterinary release on file: Yes No

Medical concerns:

Expenses incurred to date: \$ Current Diet:

Behavioral History

Describe Any Behavioral problems:

Bite History: Yes No

If yes, please describe:

Interaction with other Dogs:

Cats:

Children:

General temperament:

Training:

Comments:

Status (Available or Hold):

Hold reason:

Foster Home Information

Foster home name:

Street Address:

City/State:

Zip Code:

Phone Number:

Email address:

Foster agreement on file: Yes No

Additional Comments:

Date last contact w/foster home:

PLEASE SUBMIT INTAKE FORM ALONG WITH A PHOTO (SEPARATE DOCUMENT) WITHIN 48 HOURS