

# Shelter Animal Intake Form

CART Name \_\_\_\_\_  
Animal \_\_\_\_ of \_\_\_\_

Incident \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Animal ID # \_\_\_\_\_

<b>Animal Arrival Status:</b> <input type="checkbox"/> Animal Control Drop-off <input type="checkbox"/> Owner/Agent Drop-off <input type="checkbox"/> Found	<input type="checkbox"/> Deceased <input type="checkbox"/> Transported From <input type="checkbox"/> Relinquished <input type="checkbox"/> _____	<b>Intake Processor:</b> _____
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Name	Species	Breed	Color/markings	Gender	Known ID
				<input type="checkbox"/> Female <input type="checkbox"/> Male Altered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Collar <input type="checkbox"/> ID Tag <input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo

Address or location animal was found \_\_\_\_\_

Owner(s)/Agent Name \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Primary Phone Alternate Phone

Owner(s)/Agent Permanent Address and Current Address (include city, state, zip) \_\_\_\_\_

Owner(s)/Agent Email \_\_\_\_\_

Animal's Veterinarian's Name \_\_\_\_\_ ( ) \_\_\_\_\_  
Phone

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ( ) \_\_\_\_\_  
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 \_\_\_\_\_ CART and its representatives responsible for injury, escape or death of the animal during an emergency.

\_\_\_\_\_The animal owners (agents) acknowledge that the risk of injury of the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal. It is also requested that the animal owners (agents) contribute to the feeding and daily care of their animal, if possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

<b>Date of Final Disposition:</b> _____	<input type="checkbox"/> Transferred	<input type="checkbox"/> Owner surrender
<input type="checkbox"/> Return to Owner	<input type="checkbox"/> _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hold for Owner	<input type="checkbox"/> Euthanized/ Deceased	

Local Jurisdiction \_\_\_\_\_ Shelter Location \_\_\_\_\_