

Request for Rescue Form

Incident: _____

Date: _____ Time: _____ am/pm Animal ID # _____

Reason for Rescue: <input type="checkbox"/> Owner Request <input type="checkbox"/> Agent Request <input type="checkbox"/> EM/Command <input type="checkbox"/> ACO
<input type="checkbox"/> ASAR <input type="checkbox"/> Other: _____
Team Assigned: _____

Address/current location of animal

Additional information for rescue

Owner(s) Name

Address (city, state, zip)

Owner Email Address

() _____
Phone

() _____
Cell Phone

Person Requesting Rescue

Relationship

() _____
Phone

() _____
Cell Phone

Veterinarian or Hospital/Office Name

() _____
Phone

Agency/Individual Receiving Rescue Request

Animal Information

Species	Breed	Color/Markings	Behavior
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____			<input type="checkbox"/> Friendly <input type="checkbox"/> Shy/Cautious/Fearful <input type="checkbox"/> Aggressive <input type="checkbox"/> Biter/Hold

Please Initial where consent will be given:

_____ Does the person requesting rescue have the owner(s) permission to authorize necessary care? Y N

_____ Is authorization provided for in field medical care? Y N Do not perform: _____

_____ Is key available? Y N Key Location: _____

_____ Is keyless entry authorized? Y N Means of approved entry? _____

Signature

Print

Date

Status: Rescued Unable to capture No sign of animal Access denied Found deceased

Animal Health: Emergency Care Needs Medical Care Stable Pregnant

Outcome: Returned to Owner(s)

Transported: Emergency Shelter Veterinarian Foster Other

Location: _____