

Rescue - Animal Shelter - Intake Form

Date: _____ Breed: _____
Shelter Name: _____ Town: _____
Shelter Contact: _____ Phone: _____
Stray: YES NO Owner Turn-in: YES NO
Age: _____ Sex: MALE FEMALE Altered: YES NO
Color: _____
Disposition Of Dog: _____

Owner Turn In

Date Turned In: _____
AKC Papers: YES NO AKC#: _____
Housebroken: YES NO Barker: YES NO
Good With Children: YES NO Ages: _____
Dog Aggressive: YES NO Digs: YES NO
Good With Other Animals: YES NO

Name: _____

Reason For Turn In: _____

Shot Record: _____

Other Comments. _____

Stray

Location Found: _____
ID Tags: _____
Condition Of Dog: _____
Other Comments: _____

Costs

Shelter Release: _____
Shots: _____
Spay/neuter: _____
Other Medical: _____
Other: _____
Total Cost: _____