

Animal Intake / Return Form



Turn In Date _____ Received by _____ Fee Donation _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Reason for turn in: _____

I hereby waive all current and future rights and interests in below described animal(s) and turn over control to Animal Friends Rescue Project. I understand that the future placement of said animal(s) is strictly confidential. I have read and understand this agreement.

Signature _____ Date _____

Animal Description

Type: dog cat other

If litter, number in litter: _____

Sex: male female

Altered? yes no

Size? _____

Pregnant? yes no

If cat, declawed? yes no

Description? (fur length, coat type, color, ears, tail) _____

Personality

Compatibility w/ Dogs? good fair poor unknown depends on: _____

Compatibility w/ Cats? good fair poor unknown depends on: _____

Compatibility w/ Children? good fair poor unknown depends on: _____

Has the animal shown aggressive tendencies? Please explain: _____

Has the animal bitten anyone? Please explain: _____

Health Information

Diet _____ Allergies _____

Past injuries or illnesses _____

Medication needed _____

Vaccinations:

Dogs: _____ DHLPP(C) _____ Rabies _____ Bordatella _____ Other _____

Cats: _____ 4 in 1 _____ Rabies _____ FIV/FELV test _____ FELV _____ Other _____

Anything else you'd like us to know about this animal? _____