

Shelter admission / discharge for animal

Owner's Full Name: _____

Owner's Full Address: _____

Owner's home/cell telephone number: _____

Out of area relative name and phone number: _____

Description of Animal: Dog Cat

Male Intact Neutered

Female Intact Spayed In-heat

Breed: _____ Color: _____ Age: _____

Distinctive Markings: _____

Micro Chip Yes No

Primary Veterinarian _____

Address & Number _____

Signature of Owner

Date

BELOW TO BE COMPLETED BY SHELTER REGISTRATION RECEPTIONIST

Arrival Date: _____ Time: _____

Yes No

Proof of

- Written proof of vaccinations during the past 12 months
- Proper ID collar and up to date rabies tag; Tag # _____
- Proper ID on all belongings
- Carrier or cage of sufficient size for the animal to stand, stretch and turn around
- Leash
- Ample food supply
- Water/food bowls
- Any necessary medication(s); Types: _____
- Newspapers, plastic disposable gloves and trash bags for handling waste
- Cages has the owner's name and address, pet name and other pertinent information labeled clearly and securely on the cage

Owners driver's license # or resident ID #: _____

Pet sheltering location: _____

Owner sheltering location: _____

Departure Date

Time

Owner's signature