

STATUS OF ANIMAL ON ARRIVAL

BROUGHT IN BY OWNER
 Requests fostering Est. Time for Fostering: _____
 Permission to foster offsite: Yes No If No, Cage Number _____
 f yes, Owner's Signature _____ NAME _____ DATE _____

OWNER SURRENDER
 Owner's Signature _____ NAME _____ DATE _____

BROUGHT IN BY PET SERVICES TEAM
 By Rescue Request Yes No RRF# _____
 Requested by Owner Yes Other _____
 NAME _____ PHONE _____

STRAY DROPPED OFF
 Dropped off by: _____
 Address _____
 Phone (Home, Work, Message) _____
 Driver's Licence # _____ Province _____ Initials _____
 LOCATION OF PICKUP (ADDRESS IF POSSIBLE, LANDMARKS, ROAD NAMES)

 DEAD ON ARRIVAL Mortality Team Contacted Yes No

ANIMAL INTAKE INFORMATION

For use by Lower Mainland Emergency Pet Services

ANIMAL INFORMATION

<input type="checkbox"/> DOG	<input type="checkbox"/> CAT	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PUPPY	<input type="checkbox"/> KITTEN	<input type="checkbox"/> LITTER _____ NUMBER IN LITTER _____
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> Intact <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown

NAME (if known) _____ Breed: _____

APPEARANCE

Small Medium Large Colour(s): _____

Coat Type, Length of Fur: _____ Distinguishing Marks: _____

Tail Long Short Smooth Bushy Curly Docked

Ears Erect Flop Cropped If Cat, Is it declawed? Yes No

IDENTIFICATION

Is Animal wearing a collar? Yes No
 Colour/Kind _____
 ID Tag? Yes No Tattoo Yes No Microchip Yes No
 COLOUR/KIND _____ NUMBER _____ NUMBER _____
 Contact made with microchip company: Yes No Date: _____
 NAME _____ PHONE NUMBER _____

TEMPERAMENT AND HEALTH

Has the animal shown aggression? Yes No (if yes, mark cage)
 If yes, what is animal aggressive towards? People Other Animals
 Has animal bitten anyone? Yes No (if yes, mark cage)
 Is the animal sick or injured? Yes No (if yes, please describe)
 Has animal seen veterinarian? Yes No (if yes, name of vet) _____
 Is the animal special needs? (Senior, blind, on meds, etc.) Yes No (if yes, please describe)

STATUS OF ANIMAL ON DEPARTURE

Date _____
 Reclaimed by Owner
 Owner's Signature _____

Adopted
 Euthanized
 Reason: _____
 Veterinarian: _____

STATUS OF ANIMAL OFFSITE

DATE _____ LOCATION _____ PHONE NUMBER _____

ADDITIONAL INFORMATION (Medical/Diet/Special Needs)

CAGE NUMBER: _____

HAY ALLOTMENT

DATE EVACUATED _____ HAY AMOUNT _____ ESS REP _____

ESS/AGENCY INFORMATION

ESS File No. _____ Confidential File: YES NO

PEP Task No.: _____ First Nations: Yes No

Contact Number: _____

Date _____ Time (24 HR CLOCK) _____ Volunteer (PLEASE PRINT FIRST NAME) _____

NAME (Last) _____ (First) _____