

1. STATUS OF ANIMAL ON ARRIVAL

BROUGHT IN BY OWNER Est. Time for Fostering: _____
 Requests fostering Yes No If No, Cage Number _____
 Permission to foster offsite: Yes No If No, Cage Number _____

If yes, Owner's Signature _____ NAME _____ DATE _____

OWNER SURRENDER
 Owner's Signature _____ NAME _____ DATE _____

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

STRAY DROPPED OFF _____

Dropped off by: _____
 Address _____
 Phone (Home, Work, Message) _____

Photo ID Seen _____ Type _____ Province _____

LOCATION OF PICKUP (ADDRESS IF POSSIBLE, LANDMARKS, ROAD NAMES) _____

DEAD ON ARRIVAL Mortality Team Contacted Yes No

ANIMAL INTAKE INFORMATION



3. ANIMAL INFORMATION

DOG **CAT** **OTHER** _____
 PUPPY **KITTEN** _____
 NUMBER IN LITTER _____

FEMALE **MALE** **Intact** **Spayed** **Neutered** **Unknown**
 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 _____
 Initials _____
 ID Tag **Yes** **No** Tattoo **Yes** **No** Microchip **Yes** **No**
 COLOUR/KIND _____ 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)

4. STATUS OF ANIMAL ON DEPARTURE

Date _____
 Reclaimed by Owner
 Owner's Signature _____

Adopted
 Euthanized
 Reason: _____
 Veterinarian: _____

5. STATUS OF ANIMAL OFFSITE

DATE _____ LOCATION _____ PHONE NUMBER _____

6. ADDITIONAL INFORMATION (Medical/Diet/Special Needs)

CAGE NUMBER: _____
 DATE EVACUATED _____ HAY AMOUNT _____ ESS REP _____

7. HAY ALLOTMENT

DATE EVACUATED _____ HAY AMOUNT _____ ESS REP _____

8. 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) _____