

# 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