Shelter Animal Intake Form

CART Name____________________

Animal ____ of ____

Incident_____________ Date__________ Time: __________ Animal ID # _____________

Animal Arrival Status:	☐ Animal Control Drop-off	☐ Deceased	**Intake Processor:**
☐ Owner/Agent Drop-off	☐ Transported From	☐ Relinquished	____________________
☐ Found	☐ ______________________		

Name	Species	Breed	Color/markings	Gender	Known ID
				☐ Female ☐ Male Altered? ☐ Yes ☐ No	☐ Collar ☐ ID Tag ☐ Microchip ☐ Tattoo

____
Address or location animal was found

______________________________ ( ) ________________ ( ) ________________
Owner(s)/Agent Name Primary Phone Alternate Phone

____
Owner(s)/Agent Permanent Address and Current Address *(include city, state, zip)*

Owner(s)/Agent Email ____

____ ( ) ________________
Animal's Veterinarian's Name Phone

EMERGENCY CONTACTS

________________________ ______________________ ( ) ________________
Name Relationship Phone

______The animal owners (agents) acknowledge that the risk of injury, escape or death of the animal during an emergency cannot be eliminated. By signing I do not hold the ________CART and its representatives responsible for injury, escape or death of the animal during an emergency.

______The animal owners (agents) acknowledge that the risk of injury of the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal. It is also requested that the animal owners (agents) contribute to the feeding and daily care of their animal, if possible.

____________________________ ________________ ________________________
Signature Date Printed Name

Date of Final Disposition:________	☐ Transferred	☐ Owner surrender
☐ Return to Owner	☐ ___________________________	☐ Other_______________
☐ Hold for Owner	☐ Euthanized/ Deceased	

Local Jurisdiction_____________________ **Shelter Location**____

Shelter Intake Exam Form

CART Name________________________

Date & Time of Exam	Animal's ID #	Animal's Name	SPP (species)

Age	**Sex** F FS M MC	Temp	Recheck Temp
Examined By:	Name	☐ Veterinarian ☐ RVT ☐ Other ________________	

☐ **Microchip Scan** Implant: ______________________	**Ears** ☐ Normal ☐ Other ________________	**Coat and Skin** ☐ Normal ☐ Other ________________
Attitude ☐ Normal/Alert ☐ Other ____________	**Heart Rate**________________ **bpm** ☐ Slow ☐ Fast ☐ Other ____________ ☐ Murmur Grade (______ /VI) ☐ Other ________________________	**Nervous System** ☐ Normal ☐ Other ________________
Weight BCS________/9_____**lbs** ☐ Normal ☐ Other ________________	**Lungs Respiration Rate**__________ ☐ Normal ☐ Other ________________	**Legs and Paws** ☐ Normal ☐ Other ______________ Gait ________________
Eyes ☐ Normal ☐ Other ________________	**Abdomen** ☐ Normal ☐ Other ________________	De-Wormed: (product, dose, date)
Mouth, Teeth, and Gums ☐ Normal ☐ Other ________________ ☐ Tarter ☐ Mild ☐ Mod ☐ Severe ☐ Gingivitis ☐ Mild ☐ Mod ☐ Severe **Mucus Membrane Color** ☐ Pink ☐ Pigmented ☐ Other	**Gastrointestinal System** ☐ Normal ☐ Other ________________	**Vaccinations Given** Date: Product(s): Booster Date(s):
Nose and Throat ☐ Normal ☐ Other ________________	**Urogenital System** ☐ Normal ☐ Other ________________	
Hydration ☐ Normal ☐ Other ________________	**Lymph Nodes** ☐ Normal ☐ Other ________________	

Assessment: ☐ Green ☐ Yellow ☐ Red ☐ Black	**Treatment and Recommendations:**

Local Jurisdiction______________________________ Shelter Location______________________________