



NVADG Lost Animal Form

Date	Information Received by		
Where was this form completed? <input type="checkbox"/> _____ Animal Shelter <input type="checkbox"/> Human Shelter <input type="checkbox"/> Field <input type="checkbox"/> Other _____			
OWNER INFORMATION			
Name	Street Address	City/State/Zip	
Home Phone	Work Phone	Cell Phone	
Alt. Phone	E-mail address		
ANIMAL LOCATION			
Date Last Seen	Location		
ANIMAL INFORMATION			
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Horse <input type="checkbox"/> Llama <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Rabbit <input type="checkbox"/> Bird <input type="checkbox"/> Reptile <input type="checkbox"/> Other			Age
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed <input type="checkbox"/> Unknown Breed	
Animals Name		<input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo the # is	
Collar <input type="checkbox"/> Yes <input type="checkbox"/> No		ID Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/phone #	
County Rabies License #			
MEDICAL INFORMATION			
Veterinarian Name		Phone #	
Address		Are vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is animal on any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Type and frequency		When was medication last given? Date Time	
CONTACTS			
Who else have you notified that the animal is missing?			
COMMENTS		FINAL STATUS OF ANIMAL	
		For official use only: <input type="checkbox"/> Owner located <input type="checkbox"/> Matched with intake animal <input type="checkbox"/> Animal found deceased <input type="checkbox"/> Unknown	