

SERVICE REQUEST for Animal Service

Required info is First and Last name, Address, Species, First Responder Agency

Incident Name Date Time Taken by:

Step 1 Owner or Reporting Party and Address of Animals

| OWNER CALLING | | |
|---|-----------------------------|--|
| First and Last name* | Phone# | Alt Phone # |
| | | |
| NON-OWNER CALLING / REPORTING PARTY / FIRST RESPO | NDER | |
| Non-Owner First and Last Name* | Phone # | Agency (if applicable) * |
| | | |
| COMMENTS/ALTERNATE CONTACT INFO, if any. For Non-O | wner calling, ADD OWNER NAM | AE IF KNOWN. |
| | | |
| STREET ADDRESS AND CITY of animal location, or rough lo | cation. WRITE COMPLETE STR | REET NAME ("Ave" "Dr" "St") and City * |
| | | |
| | | |

Step 2 Animals to be Assisted – Animal Information

| Name of Animal | | SPECIES* | | | SI | SIZE | |
|-------------------|--------------|----------------|------------------|-----------|-----------------|------|----------|
| PRIMARY COLOR | | SECONDARY | COLOR | SEX | | AGE | |
| FIXED | AGGR | ESSIVE | ACO REQUIRE |) | CONFINED | | INJURED |
| Yes / No | Yes / N | 10 | Yes / No | | Yes / No | | Yes / No |
| (es / No | Yes / N | 10 | - | | | | |
| EHAVIOR and/or | MEDICAL INFO |), if any | | | | | |
| | | | | | | | |
| | | | | | | | |
| MULTIPLE of same- | # - How man | y of this EXAC | ANIMAL (example: | 20 chicke | ns, 15 rabbits) | | |

ADD ANOTHER Animal or go to STEP 3

| Name of Animal | | SPECIES* | | | | SIZE | |
|--------------------------|----------|-------------------|--------------------|-----------|----------------|------|----------|
| PRIMARY COLOR | | SECONDARY CO | DLOR | SEX | | AGE | |
| FIXED | AGGR | ESSIVE | ACO REQUIRED | | CONFINED | | INJURED |
| Yes / No | Yes / N | lo | Yes / No | | Yes / No | | Yes / No |
| BEHAVIOR and/or MEDIC | CAL INFO |), if any | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| MULTIPLE of same- # - Ho | ow many | y of this EXACT A | NIMAL (example: 20 |) chicken | s, 15 rabbits) | | |

ADD ANOTHER Animal or go to STEP 3

PAGE 2 of 2

| Name of Animal | | SPECIES* | S | SIZE | | | |
|---------------------|------------|---------------|--------------------|-----------|----------------|-----|-----------|
| PRIMARY COLOR | | SECONDARY | COLOR | SEX | | AGE | |
| FIXED | AGGRI | SSIVE | ACO REQUIRED |) | CONFINED | | INJURED |
| Yes / No | Yes / N | lo | Yes / No | | Yes / No | | Yes / No |
| BEHAVIOR and/or M | | | 103 / 110 | | 103/110 | | 103 / 110 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| MULTIPLE of same- # | - How many | of this EXACT | ANIMAL (example: 2 | 0 chicker | s. 15 rabbits) | | |

ADD ANOTHER Animal or go to STEP 3

| Name of Animal | | 5 | SPECIES* | | | SIZE | |
|--------------------------|----------|--------------------|--------------------|-----------|----------------|------|----------|
| PRIMARY COLOR | | SECONDARY CO | LOR | SEX | | AGE | |
| FIXED | AGGRI | ESSIVE | ACO REQUIRED | | CONFINED | | INJURED |
| Yes / No | Yes / N | lo | Yes / No | | Yes / No | | Yes / No |
| BEHAVIOR and/or MEDIC | CAL INFC |), if any | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| MULTIPLE of same- # - He | ow many | y of this EXACT AN | NIMAL (example: 20 |) chicken | s, 15 rabbits) | | |

ADD ADDITIONAL Animals by using the Additional Animals form

Step 3 Priority and Additional Information

| PRIORITY | Very High | | High - DEFAUL | .Τ | Medium | Low | | Lowest |
|-----------------------------------|----------------|-------------|---|-----------|------------------------|--------------------|--------------------|------------------|
| | | | | | | | | |
| Additional infor | mation – Notes | for Evac/SI | P to access anii | mals, fin | nd address, ke | ys, food, locks, o | ther. | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| VERBAL PERMIS | SION to force | KEY PROV | IDED? Explain h | now | ACCESSIBLE W | VITH 2-WHEEL | CAN A TR | UCK-TRAILER TURN |
| VERBAL PERMIS entry if needed? | | | I DED? Explain h n Additional Inf | | ACCESSIBLE V DRIVE? | VITH 2-WHEEL | CAN A TR AROUND | |

WRITE OWNER/REPORTING PARTY NAME from Page 1 to confirm Service Request pages are matched: ______

Step 4 For Data Entry

Enter original call info: Name of who took call, date, time.

Entered in Shelterly Name _____ Time _____ Date _____ Time _____