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 RESPONDER		
Non-Owner First and Last Name*	Phone #	Agency (if applicable) *
COMMENTS/ALTERNATE CONTACT INFO, if any. For Non-Owner calling, ADD OWNER NAME IF KNOWN.		
STREET ADDRESS AND CITY of animal location, or rough location. WRITE COMPLETE STREET NAME ("Ave" "Dr" "St") and City *		

Step 2   Animals to be Assisted – Animal Information

NAME OF ANIMAL		SPECIES*		SIZE	
PRIMARY COLOR	**SECONDARY COLOR**	**SERVICE, DEFAULT IS REPORTED**		**SEX**	**AGE**
FIXED Yes / No	**AGGRESSIVE** Yes / No	**ACO REQUIRED** Yes / No	**CONFINED** Yes / No	**INJURED** Yes / No	
BREED/DESCRIPTION, ANIMAL NOTES and/or MEDICAL NOTES, if any					
MULTIPLE of same- # - How many of this EXACT ANIMAL (example: 20 chickens, 15 rabbits) If unknown enter 1 and explain in Field Instructions					

ADD ANOTHER Animal or go to STEP 3

NAME OF ANIMAL		SPECIES*		SIZE	
PRIMARY COLOR	**SECONDARY COLOR**	**SERVICE, DEFAULT IS REPORTED**		**SEX**	**AGE**
FIXED Yes / No	**AGGRESSIVE** Yes / No	**ACO REQUIRED** Yes / No	**CONFINED** Yes / No	**INJURED** Yes / No	
BREED/DESCRIPTION, ANIMAL NOTES and/or MEDICAL NOTES, if any					
MULTIPLE of same- # - How many of this EXACT ANIMAL (example: 20 chickens, 15 rabbits) If unknown, enter 1 and explain in Instructions for Field Teams					

ADD ANOTHER Animal or go to STEP 3

NAME OF ANIMAL		SPECIES*		SIZE	
PRIMARY COLOR	SECONDARY COLOR		SERVICE, DEFAULT IS REPORTED	SEX	AGE
FIXED Yes / No	AGGRESSIVE Yes / No	ACO REQUIRED Yes / No	CONFINED Yes / No	INJURED Yes / No	
BREED/DESCRIPTION, ANIMAL NOTES and/or MEDICAL NOTES, if any					
MULTIPLE of same- # - How many of this EXACT ANIMAL (example: 20 chickens, 15 rabbits) If unknown enter 1 and explain in Instructions to Field Team					

ADD ANOTHER Animal or go to STEP 3

NAME OF ANIMAL		SPECIES*		SIZE	
PRIMARY COLOR	SECONDARY COLOR		SERVICE, DEFAULT IS REPORTED	SEX	AGE
FIXED Yes / No	AGGRESSIVE Yes / No	ACO REQUIRED Yes / No	CONFINED Yes / No	INJURED Yes / No	
BREED/DESCRIPTION, ANIMAL NOTES and/or MEDICAL NOTES, if any					
MULTIPLE of same- # - How many of this EXACT ANIMAL (example: 20 chickens, 15 rabbits) If unknown, enter 1 and explain in Instructions for Field Teams.					

ADD ADDITIONAL Animals by using the Additional Animals form

Step 3   Priority and Additional Information

PRIORITY	Very High	High - DEFAULT	Medium	Low	Lowest
Instructions for Field Team – Notes for Evac/SIP to access animals, find address, keys, food, locks, other.					
VERBAL PERMISSION to force entry if needed? Yes / No		KEY WILL BE BROUGHT TO STAGING? Yes / No	ACCESSIBLE WITH 2-WHEEL DRIVE? Yes / No	CAN A TRUCK-TRAILER TURN AROUND? Yes / No	

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 _____ Date_____ Time_____ SR# _____

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