



SERVICE REQUEST for Animal Service

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

Incident Name	Date	Time	Taken by:
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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	SPECIAL HANDLING 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	REPORTED (default) Req EVAC or SIP?		SEX	AGE
FIXED Yes / No	AGGRESSIVE Yes / No	SPECIAL HANDLING 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	Urgent	High - DEFAULT	Low		
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		

If Owner, get Liability Release. Read this: "Transporting, sheltering, and sheltering-in-place all expose your animal(s) to health and safety risks. Do you release Butte County and North Valley Animal Disaster Group and its volunteers from all liability associated with responding to your request?" (If yes, toggle button to the right)

Entered in Shelterly Name _____ Date _____ Time _____ SR# _____