SHELTERLY

Shelter Intake Form

Shelter/Building/Room:

Intake Date/Time:

A#: SR#: FA#:

Entered By:

Type ☐ Owner ☐ Non-Owner ☐ Field Team

Address

Apartment

City

State

Zip Code

First Name*

Last Name*

Phone*

Alternate Phone

Drivers License

Evacuation Zone

Email

Comments/Alternate Contact

Animal Name

Species

Size

No. Animals

Primary Color

Secondary Color

Breed/Description

Status: Sheltered

Sex ☐ M ☐ F

Age

Fixed ☐ Yes ☐ No ☐ Ukn

Aggressive ☐ Yes ☐ No ☐ Ukn

Special Handling Required ☐ Yes ☐ No ☐ Ukn

Injured ☐ Yes ☐ No ☐ Ukn

Animal/Found Notes

Medical Notes

Microchip

Triage (Circle One): Green Yellow Red

External ID

If Yellow/Red:

Presenting Complaints

Concern

Use Caution ☐ Yes ☐ No

SHELTERLY

Shelter Intake Form

Shelter/Building/Room:

Intake Date/Time:

A#: SR#: FA#:

Entered By:

Animal Name | Species | Size | No. Animals

Primary Color

Secondary Color

Breed/Description

Status: Sheltered

Sex: ☐ M ☐ F

Age

Fixed: ☐ Yes ☐ No ☐ Ukn

Aggressive: ☐ Yes ☐ No ☐ Ukn

Special Handling Required: ☐ Yes ☐ No ☐ Ukn

Injured: ☐ Yes ☐ No ☐ Ukn

Animal/Found Notes

Medical Notes

Microchip

Triage (Circle One): Green Yellow Red

External ID

If Yellow/Red:

Presenting Complaints

Concern

Use Caution ☐ Yes ☐ No