

**Attachment A - Shelter Form
A1: Animal Intake Form**

A#:	P#:
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Name	
Species	Breed
Color	Coat Type

- Male
 Female
 Neutered
 Spayed
 Unknown

Markings/Other Descriptors

Identification

<input type="checkbox"/>	Identification tags	All Tag Information	
<input type="checkbox"/>	Microchip	Number	Company
<input type="checkbox"/>	Tattoo	Number	
<input type="checkbox"/>	Other Identifier	Information	

Vaccinations: Any information provided by owner must be accompanied with proof of vaccination.

- Rabies date _____
 Distemper/Parvo (canine) FeLV/ CCVRP (feline)
 Bordetella date _____ Horse Chicken
 Other #1 _____ Other #2 _____ Other #3 _____
 Dewormer date _____ External parasite control date _____

Special Needs

- Allergies/special diet required/provided by owner

 Known medical condition(s)

- Medication #1 _____ Dosage _____ Schedule _____
 Medication #2 _____ Dosage _____ Schedule _____
 Medication #3 _____ Dosage _____ Schedule _____