



INTAKE FORM

Animal ID# _____

Person Completing Intake _____

Intake Date _____

Acquisition (pick one) Stray Owner Surrender Shelter/Rescue Transfer

Species: Canine Feline

Sex: Male Female

Animal Name _____

Breed _____

Age (DOB) _____

Description (size, color, markings, distinguishing characteristics)

Owner Surrender/Citizen Turn In

Name _____

Phone _____

Address _____

City: _____ State: _____ Zip: _____

Driver's License or Vehicle License # _____

Are You The Owner Of This Animal? Yes No

To the best of your knowledge has this animal bitten anyone in the previous 10 days? Yes No

Are you able to provide previous medical records (rabies certificate, vaccinations, etc.)? Yes No

Does this animal have some form of ID? If yes, please describe below (collar, microchip, tattoo?) Yes No

Address or location where animal was found (if not owner surrender) _____



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[Owner Surrender] I certify that I am NOT THE OWNER of the animals listed above and understand that I am turning the animal(s) over to Lucky Chance Rescue. I also understand if the owner of the animal cannot be found, disposition shall occur under the normal procedures employed by Lucky Chance Rescue.

Signature _____ Date _____

[Citizen Release] I certify that I am NOT THE OWNER of the animals listed above and understand that I am turning the animal(s) over to Lucky Chance Rescue. I also understand if the owner of the animal cannot be found, disposition shall occur under the normal procedures employed by Lucky Chance Rescue.

Signature _____ Date _____

Shelter/Rescue Transfer

Is animal being received from an out of state facility? *If animals are being received from out of state facilities, you must attach health certificates and rabies vaccination information.* Yes No

ACFA License # _____

Address _____

City: _____ State: _____ Zip: _____

Transporter/Volunteer Name _____

Driver's License or Vehicle License # _____

Foster: To be completed if animal is in foster home

Assigned Foster _____

Foster Phone _____

Address _____

City: _____ State: _____ Zip: _____

Foster Email _____

Date animal entered into foster care _____



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If receiving animals as a litter or group please include information for each animal

1.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

2.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

3.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

4.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

5.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

6.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):



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7.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

8.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

9.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

10.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

11.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):

12.Species: CANINE FELINE Sex: MALE FEMALE ID#: _____

Name: _____ Breed: _____ Age/DOB: _____

Description (size, color, markings, distinguishing characteristics):
