**A1.2: Animal Intake Form**

**Name**

<table>
<thead>
<tr>
<th>Species</th>
<th>Breed</th>
</tr>
</thead>
</table>

**Color**

<table>
<thead>
<tr>
<th>Coat Type</th>
</tr>
</thead>
</table>

- [ ] Male
- [ ] Female
- [ ] Neutered
- [ ] Spayed
- [ ] Unknown

**Markings/Other Descriptors**

**Identification**

<table>
<thead>
<tr>
<th>Identification tags</th>
<th>All Tag Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microchip</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Company</td>
</tr>
<tr>
<td>Tattoo</td>
<td>Number</td>
</tr>
<tr>
<td>Other Identifier</td>
<td>Information</td>
</tr>
</tbody>
</table>

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

- [ ] Rabies date
- [ ] Distemper/Parvo (canine)
- [ ] FeLV/CCVRP (feline)
- [ ] Bordetella date
- [ ] 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
- [ ] Medication #2
- [ ] Medication #3

**Santa Clara County Operational Area EOP – Animals in Disaster Annex**

**Copies = File, Animal, Owner**

Form # AiD-A1.2, Revised 07-27-2011
Attachment A - Shelter Form
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