

A#:	P#:
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A1.2: Animal Intake Form

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 _____