Safe Voices Shelter Pet Intake Form

Name of Resident:________________________________________________________
Date of Admission: ____________________________
Name of Pet   Species/Breed   Weight   Gender   Spayed/Neutered?   Age
________________________________________________________
________________________________________________________
________________________________________________________
Emergency Contact Name/Phone:
________________________________________________________
Veterinarian Name/Phone:
________________________________________________________

Do you have ownership papers such as vet records, adoption or purchase documentation? If so, please provide a copy.

Is it safe for Safe Voices shelter staff to contact your veterinarian to obtain records on your pet(s)?    Yes     No

Are you arriving at the shelter with any children?   Yes   No
Did your abusive partner threaten your pets?   Yes   No
If yes, please describe:____________________________________________________

If yes, how has this impacted your pets' behavior?
_______________________________

Did your abusive partner harm your pets?   Yes   No
If yes, please describe:____________________________________________________

If yes, how has this impacted your pets' behavior?
_______________________________

Did your children see or hear your pet(s) being harmed?   Yes    No
Are your pets' vaccinations current?   Yes   No

Safe Voices Pets at Shelter, January 13, 2020
If no, list the vaccinations that need updating:__________________________

Have your cats been tested for feline leukemia and FIV?  Yes  No
Results and date:__________________________________________________

Have your dogs been tested for heartworm?  Yes  No
Results and date:__________________________________________________

List any behavior issues with your pets (i.e., excessive noise, aggression, fearful of strangers, separation anxiety, etc.):
_____________________________________________________________________

Do your pets have any medical conditions?  Yes  No
If yes, please describe the ailments and current treatment:__________________________

How have your pets been housed at your home (i.e., crate-trained, indoor/outdoor pets, outdoor only pets, etc.)?
_____________________________________________________________________

Have your pets received flea/tick/parasite prevention treatment?  Yes  No
Are your pets house-trained/litter-box trained?  Yes  No
If no, describe what accommodations are needed:__________________________

Have your pets bitten anyone?  Yes*  No
If yes, describe the circumstances (including the date the bite(s) occurred):
_____________________________________________________________________

*if the bite has occurred within 10 days, there must be a 10-day quarantine which will be completed at Greater Androscoggin Humane Society.

How does your pet(s) interact with other animals?
Please explain:_____________________________________________________
_____________________________________________________________________

Has your pet(s) been aggressive towards other animals or humans? Yes No
If yes, describe the circumstances:_______________________________________
_____________________________________________________________________

Safe Voices Pets at Shelter, January 13, 2020
Have you brought your pets' food, collars, litter box and/or medication with you?  Yes  No
If no, what supplies can we provide during your stay?________________________