

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

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: _____

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? _____
