

EmPAWerment Program Pet Intake

These questions are intended to help us better provide support to you and your pet(s) while you reside at the shelter. This information is not intended to be shared with outside individuals.

Date:

Start Time:

End Time:

CLIENT INFORMATION

Client Name:

Safe Phone Number:

Name of Pet	Species/Breed	Sex	Age	Spayed/ Neutered

Who may pick up the pet(s) in an emergency, if are no longer able to care for your pet(s) here, or are gone from shelter for more than 12 hours:

If no emergency contact is disclosed, surrender to local animal welfare may be the only option.

EMERGENCY CONTACT:

Name: Relationship: _ Primary Number:

Secondary Number:

OPTIONAL SECONDARY CONTACT:

Name:

Relationship: Primary Number:

Secondary Number:

VETERINARIAN INFORMATION

Veterinarian's Name: _ Veterinarian's Phone:

Do you have up to date(within last 12 months) vaccine records? If so, do you need assistance contacting this veterinarian to obtain records on your pet(s)? ROI must be signed in order to do this

Circle one: Yes No

If vaccine records are not able to be provided within 3 days of arrival, appointment must be made with a partner to vet to have required vaccines within a week of arrival.

MEDICAL

Does pet have any immediate medical concerns or issues?

Circle one: Yes No

Has pet been tested for heartworms?

Circle one: Yes No Don't Know

If yes, list results/approx. date: _____

Has pet(s) received flea/tick prevention treatment?

Circle one: Yes No Don't Know

If yes, list results/approx. date: _____

Does pet(s) have any medical conditions?

Circle one: Yes No Don't Know

If yes, please give a description of the current issues and treatment: _____

Are pet's vaccinations current? (please provide date if so)

Circle one: Yes No Don't Know

If no, what vaccinations need updating: _____

Is pet microchipped?

Circle one: Yes No Don't Know

If yes, microchip number & company: _____

Does pet have any allergies? _____

BEHAVIORAL

Does pet have any concerning behaviors we need to know about?

Circle one: Yes No

If yes, explain: _____

Do you have any concerns about your pet being in a kennel environment?

Circle one: Yes No

If yes, explain: _____

Did your abusive partner threaten or harm your pet(s)?

Circle one: Yes No

If yes, explain: _____

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

Did your child(ren) see or hear your pet(s) being harmed:

Circle one: Yes No N/A

Has your pet(s) bitten/scratched anyone?

Circle one: Yes No

If yes, explain: _____

Does your pet(s) have any behavioral issues (problems w/ excessive noise, aggression, fear of strangers, anxiety, etc.):

Circle one: Yes No

If yes, explain: _____

How has your pet(s) been housed at your home (crate trained, indoor, outdoor, etc.) _____

Do you have a typical routine you share with your pet?

Circle one: Yes No

If yes, what does that look like? _____

How would you describe your pet's personality? Likes/Dislikes _____

How is your pet on a leash/in a car/in a crate? _____

Has your pet(s) stayed at a veterinarian's office or in a kennel before?

Circle one: Yes No

If yes, how did they respond? _____

How does your pet(s) get along with other animals they don't know? _____

SAFETY

Do you have any concerns regarding the safety of your pet(s) at this time?

Circle one: Yes No

If yes, explain: _____

Is your pet(s) on a Protective Order?

Circle one: Yes No

If yes, PO #: _____ County: _____ Expiration Date: _____

If no, are you interested in filing:

Circle one: Yes No

Pet Needs/Supplies

- Food- (we are able to provide food when available for your 30 day stay- if extensions are granted we will empower and work with you to access pet food or pet food resources)
- Collar
- Litter
- Litter box
- Harness
- Leash
- Food/water Bowls

Bedding/Blankets

Toys

Medications

Vaccinations

Other: _____.