

D.A.W.G.

DISASTER ANIMAL WELFARE GROUP

ANIMAL INTAKE FORM

Date _____ Pen _____ AC4 _____

D.L.# _____

D.O.B _____ Officer _____ Cell # _____

Owner _____ Address _____

Method of Capture: ___ By Hand ___ Trap ___ Control Pole ___ Tranquilized
Animal Injured During Capture: N / Y Animal Injured Prior to Capture N/Y

SPECIES: Dog ___ Color _____
Cat ___ Other _____ Breed _____

SEX: M ___ **SPAY/NEUTER** Y ___
F ___ N ___

APPROX AGE: Adult ___ Under 4 Months ___

HEALTH: Good ___ Fair ___ Poor ___

COAT: Smooth ___ Long ___ Curly ___ Wire ___

LITTER: Y ___ N ___ Number of Litter _____

RABIES TAG: Y ___ N ___ Tag Number _____ Year ___ Vet # _____

RELEASE: In consideration of the owner releasing the said animal to D.A.W.G. for the duration of the disaster plus ten days the animal will be released to the owner. After said time limit the will become property of Calhoun County Animal Control Center.

Releasing Owner's Signature: _____

Print Name: _____

Reclaiming Owner's Signature: _____

REMARKS: