

PURA VIDA PARA MASCOTAS ANIMAL INTAKE FORM

Name of Pet _____ Age or
BD _____

Species and Breed _____ Sex? _____ Spay or
Neuter? _____

What Immunizations has your pet had and when?

Litter box trained? _____ Does your pet get along with other animals and if so what animals?

Does your pet get along with kids? _____

Does your pet have any special needs?

What kind of food does your pet currently eat, how often, & how much? _____

List all behaviors, characteristics, and anything else that may be of importance.

[illegible]

Why do you wish to give up your pet?

Your name, address and phone numbers:

By signing below you understand that a Local Rescue will be adopting your animal to another family. It is possible until that time your pet may be fostered out. It is the Rescue Organizations decision who to adopt or foster your pet to, but there is an intense application process and every effort will be made to find your pet an appropriate forever home.

x _____ Date _____

Would you like to make a donation that will help support your animal under our care? _____ yes/no?

\$_____ Amount

If you have any documentation of the pets previous vaccinations, vet visits, etc. please make a copy and attach to this sheet.

OFFICE USE:

Intake Person and Contact

Info: _____

Medical procedures and dates:

[illegible]