

**Attachment A - Shelter Form
A3: Lost Pet / Rescue Form**

A#:	P#:
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Date	Time	Entered by	
Primary Owner: Last Name		First Name	
Home Address		City /ST	Zip
Temporary Address		City /ST	Zip
Notes:	Home Phone		Cell Phone
	Temporary Phone #1		Temporary Phone #2
	Email		

List the names & phone numbers for other individuals authorized to make decisions regarding care (including veterinary care):

Name	Phone Number
Name	Phone Number

Rescue Information

Last seen (Location)		(MM/DD/YY)	Time
Seen By: Name		Phone (if other than owner)	
Last Known Location <input type="checkbox"/> Permanent Address <input type="checkbox"/> Other	Address/Intersection	City/ST	Zip
	Last Time Fed:	MM/DD/YY	Time
	Last Time Watered:	MM/DD/YY	Time

This Animal is: Indoor Only Outdoor Only Indoor and Outdoor

Please list other agencies notified of missing animal

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Access Information

Restricted disaster area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Key Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Combination Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number		
Access Code Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number		
Permission to break in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Which door or window?					

Animal Description

Name	
Species	Breed
Color	Coat Type

- | | | | | | |
|-------------------------------|--|------------------------------------|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Neutered | <input type="checkbox"/> Spayed | <input type="checkbox"/> Unknown | |
| Ears | <input type="checkbox"/> Erect/pricked | <input type="checkbox"/> Drop/flop | <input type="checkbox"/> Folded | <input type="checkbox"/> Cropped | <input type="checkbox"/> Other |
| Tail | <input type="checkbox"/> Long | <input type="checkbox"/> Short | <input type="checkbox"/> Docked/Bobbed | <input type="checkbox"/> Curled | <input type="checkbox"/> Other |
| Collar/Harness | <u>Color/ Material</u> | <input type="checkbox"/> Chain | <input type="checkbox"/> Prong | <input type="checkbox"/> Other | |

Markings/Other Descriptors

Identification

<input type="checkbox"/> Identification tags	All Tag Information	
<input type="checkbox"/> Microchip	Number	Company
<input type="checkbox"/> Tattoo	Number	
<input type="checkbox"/> Other Identifier	Information	

Special Needs

Temperament:	<input type="checkbox"/> Shy	<input type="checkbox"/> Aggressive when scared	<input type="checkbox"/> Territorial aggression
<input type="checkbox"/> Painful body parts			
<input type="checkbox"/> Known illness or medication needs			