

ADMISSION/DISCHARGE

Owner Information:

Date: _____

| | | |
|---|--------------------|------|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: | Work Phone: | |
| Cell Phone: | Pager: | |
| E-mail Address: | | |
| Place of Employment: | | |
| Driver's License #: | Social Security #: | |
| How can you be contacted while your pets are here? | | |
| Please list anyone authorized to care for your pets while they are here at the SART shelter. <i>(No one under 18 years of age is allowed in the animal living quarters.)</i> | | |
| Name: | Relation to Owner: | |
| Name: | Relation to Owner: | |

Pet Information: (Completed by Shelter Worker)

| | Pet 1 | Pet 2 | Pet 3 |
|---|---------------|-------|-------|
| Unique Animal ID# | | | |
| Shelter Location | | | |
| Name | | | |
| Breed | | | |
| Date of Birth | | | |
| Color | | | |
| Sex | | | |
| Spayed/Neutered | | | |
| Medication? | | | |
| Special Diet? | | | |
| Allergies/Illnesses | | | |
| Identifying marks, Tattoos | | | |
| Micro-chipped? | | | |
| Rabies Vaccine | | | |
| DHLPP Vaccine | | | |
| Kennel Cough Vaccine | | | |
| FVRCP Vaccine | | | |
| Current Veterinarian: | Phone: | | |
| How did you become aware of this shelter? | | | |
| Do you have your own transportation Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

I understand that I am totally responsible for the care of my pets while I am using the facilities. I agree to hold harmless all persons and/or this facility for assistance in housing my pets, or should they become lost, injured, or ill while utilizing these services. I also agree to follow the pet area rules while I am here. Any abandoned animals will be taken to the nearest local animal shelter. I have read and understand this agreement and certify that I am the owner/agent of the above listed animal(s). I understand that if I fail to feed, walk, clean, care for my pet and sign the animal care sheet twice daily my pet will be considered abandoned and be removed from the shelter.

Admission Date _____

Owner/Agent for pet(s) _____

Discharge Date _____

Owner/Agent for pet(s) _____