



RESCUE INTAKE FORM

Rescue Organization: _____ Appointment Date: _____

Contact phone for today's surgery: _____

Check One: Dog Cat Gender: Male Female

Animal Name: _____ Breed: _____

Complete ALL questions below. Check Yes, No, or NA (not applicable) as appropriate.

Animal is in heat: Yes No NA

Animal is pregnant: Yes No NA

Animal has had a recent litter: Yes No NA If yes, how many weeks since nursing: _____

Animal is on Flea and Tick Preventive Medicine: Yes No

Animal is on Heartworm Preventive Medicine: Yes No

Animal has had no food since midnight prior to surgery: Yes No

To the best of my knowledge this animal is in good health, and I know of no reason for it to not have surgery.

Yes No Initials _____

If you are mistaken about the gender if this animal, do you still want us to perform surgery?

Yes No

IMPORTANT

Any animal displaying signs of coughing, sneezing, gastric distress, or fever is not a candidate for surgery and the appointment must be rescheduled when the animal is healthy.

PAYMENT DUE AT PICK-UP

List individual(s) authorized to reclaim this (these) animals:

Signature of Owner/Agent: _____ Date: _____