## MOV Animal Safe Haven - INTAKE FORM (ONE FOR EACH PET)

Client ID:

## **animal specifics**

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| --- | --- |
| Pet Name: | Type of Pet: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_ |
| Breed: | Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ |
| Age: | Weight:  | Spayed or Neutered: Yes \_\_\_\_ No \_\_\_\_ |
| License#: | Year: | County: | State: |
| Food (brand), quantity and feeding schedule: |
| Exercise, containment, or other care instructions for this pet: |

## **medical information**

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| --- |
| List any medications necessary and schedule (Owner will provide medications) |
| Medical history, injuries or illnesses:  |
| **Dog Vaccination History** | **Cat Vaccination History** |
| DHLPP (Distemper/Parvo) | FVRCP  |
| Kennel Cough (Bordatella) | Feline Leukemia  |
| Rabies | Rabies |
| Regular veterinarian (name, address and phone): |

## **Pet behavioral information**

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| --- |
| How does pet get along with strangers? |
| How does pet get along with dogs? |
| How does pet get along with cats? |
| Housebroken or litter box trained? |
| How does pet do left alone? For how long are they typically alone? Do you crate or confine?  |
| Any other information you want to share: |

## **MASH internal use only**

|  |  |
| --- | --- |
| Foster ID: | Phone No.: |
| Notes: |