

ANIMAL INTAKE FORM

Date: _____

Rec'd. By: _____

DOGS: \$15.00 each or \$30.00 for a litter (in county)

\$25.00 each or \$50.00 for a litter (out of county)

(please check all answers that apply)

Has the animal bitten anyone within the last ten days? YES NO

If YES, enter date: ___/___/___.

Male Female Name _____

Is this animal spayed or neutered? YES NO

How long has this animal lived with you? _____

How much time is this animal kept outside? _____ Inside? _____

Where is this dog used to sleeping?

Owners Room Owner's Bed Crate Patio Garage Dog House

How would you describe the dog's behavior around children? Friendly Playful

Afraid Snappy Too much for small children Never been around children

Is this dog frightened of anything?

Men Children Brooms Water Thunder Fireworks Vacuums

Has the dog repeatedly escaped from your yard? YES NO

Is this dog house-trained? YES NO PARTLY

What types of training has this dog had? Obedience Class Home Training None

Does the dog know how to?... Sit Walk on leash Stay Come Lie Down

Does the dog have any health problems? _____

Health Information: Your Veterinarian is _____

Date last seen: _____

Rabies Shot? YES NO

***** PLEASE READ BEFORE SIGNING *****

This certifies that I am the legal owner of the animal listed above, and that I completely relinquish all claims to said animal to Newton County Animal Control who may place the pet in a good home or put to sleep as deemed necessary. I have read the above and certify that the information contained herein is true and correct to the best of my knowledge and I willingly agree to abide by the provision of this contract.

Print Name _____

Address _____

Signature _____

Phone _____

ANIMAL INTAKE FORM

Date: _____
Rec'd. by: _____

**CATS: \$15.00 each or \$30.00 for a litter (in county)
\$25.00 each or \$50.00 for a litter (out of county)**

(Please check all answers that apply)

Male
 Female

What is the cat's name? _____

How old is your cat? _____

Is cat litterbox trained? Yes ___ No ___

Does she/he scratch furniture? Yes ___ No ___

Is she/he declawed? Yes ___ No ___

If yes, Front only ___ Front and back ___

Has she/he ever seriously scratched anyone? _____

If yes, please explain. _____

Bitten anyone? _____

Is she/he kept inside ___ outside ___ or both ___

Good with children? _____

Good with other cats? _____

Good with dogs? _____

What do you feed her/him? _____

Does the cat have any health problems? _____

Health Information: Your Veterinarian is _____

Date last seen? _____

Rabies shot Yes ___ No ___

Is this animal spayed or neutered ?

Yes _____ No _____

***** PLEASE READ BEFORE SIGNING *****

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Signature _____

Address: _____

Phone: _____