

ANIMAL DISASTER SERVICES ANIMAL INTAKE FORM

Animal Disaster Services (928) 642-0758

Date: _____ Time: _____ ADS Intake Volunteer Name: _____

Intake ID #: _____ If O = Other, type of animal? _____

Animal's Name: _____ **Age:** _____ **Mos. / Yrs.**

Sex: F / M **Spayed/Neutered:** Y / N **Vaccinations current:** Y / N

Aggressive: Y / N If yes, describe behaviors and use PINK CAGE CARD

Veterinarian's Name and Phone Number: _____

Describe any minor injuries, allergies, and/or other concerns which may require attention:

First Aid / Medication(s) required: Y / N If yes, use PINK CAGE CARD **First Aid Care / Medication Name, Dosage, Frequency & Route:**

Special Diet: Y / N If yes, use PINK CAGE CARD **Type of Food (Brand), Amount & Frequency:**

Additional comments / information:

Brought in by (Circle one): Owner Rescued by Other Stray Drop Off

Name: _____

Cell Number: _____ **Email Address:** _____

Address: _____

Alternate Contact (Name, Relationship, and Phone Number):

Authorized Individuals to Reclaim (Anyone reclaiming this animal must provide photo ID):

I hereby waive any liability of Animal Disaster Services and/or Yavapai County for damages incurred by or to my animal.

Name and Signature of Owner or Responsible Party: _____

Animal Medical Care Authorization: This document authorizes Animal Disaster Services (ADS) to provide and/or seek any necessary veterinary medical care on behalf of the animal placed in its possession by owner(s) and/or responsible party(ies) during time of emergency. Animal Disaster Services (ADS) will attempt to contact the animal's veterinarian of record and/or Prescott Animal Hospital. The owner(s) and/or responsible party(ies) agree(s) to assume any costs associated with such medical care and agree(s) to satisfy any outstanding amounts due with the veterinarian and/or medical care provider in a timely manner as may be set forth by the veterinarian and/or medical care provider.

Name and Signature of Owner or Responsible Party: _____

Reclaim / Pick-up Date: _____ **Identity verified with photo ID# by:** _____

Name and Signature of Owner or Responsible Party: _____

Animal Disaster Services
Animal Photograph Consent Form

I, _____,
hereby grant Animal Disaster Services permission to use any photographs taken of
my pet, in any and all of its publications, including website entries, without payment
or any other consideration.

I understand and agree that these materials will become your property and will not
be returned.

I hereby authorize to edit, alter, copy, exhibit, publish or distribute photographs for
purposes of publicizing your programs or for any other lawful purpose.

In addition, I waive any right to royalties or other compensation arising or related to
the use of the photograph.

I hereby release rights to all claims, demands, and causes to action which I, my heirs,
representatives, executors, administrators, or any other persons acting on my behalf
of my estate have or may have by reason of this authorization.

Name of Owner: _____

Signature: _____

Date: _____