

Equines:		
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Equines Intake and Pickup Form

SECTION I: YELLOW SECTION COMPLETED BY PERSON LEAVING ANIMAL (Please Print) Owner Name:	Animal ID #:	Stall #:	Animal Name: _	A	ge:
Owner Address: Owner Primary Phone: If not Owner, Name and Phone Number of Person Bringing Animal: Owner's Veterinarian: Use Veterinarian Phone Number: List Special Requirements (including feed requirements/restrictions)/Health Concerns/Behavior Concerns: Other than Owner, names and phone numbers of people authorized to pick up animal: 1	SECTION I: YELLOW SECT	TION COMPLETED	BY PERSON LEAVING AN	IMAL (Please Print)	
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Citer than Owner, names and phone numbers of people authorized to pick up animal: 1. 2. Dimal Medical Care Authorization: This document authorizes LASER to arrange for Veterinary care for animals placed in its care by wners or responsible parties during times of evacuations. The owner agrees to assume any costs associated with providing such necical care and agrees to reimburse, in a timely manner, the Veterinarian or medical provider for costs incurred for such services. Name of Owner or Responsible Party	If not Owner, Name and	Phone Number o	f Person Bringing Animal:		
Other than Owner, names and phone numbers of people authorized to pick up animal: 1. 2. 2. 2. 2. 2. 2. 2. 2.					
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SECTION II: COMPLETED BY LASER VOLUNTEER AFTER ANIMAL UNLOADED Noticeable Scars/Injuries (be specific): Horse			_		-
Name of Owner or Responsible Party Signature of Owner or Responsible Party LASER Intake Person	•	•		•	•
SECTION II: COMPLETED BY LASER VOLUNTEER AFTER ANIMAL UNLOADED Noticeable Scars/Injuries (be specific): Horse					
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Noticeable Scars/Injuries (be specific): Horse	Signature of Owner of Respo	onsible Falty		LASLIN III. LASLIN	
Horse	SECTION II: COMPLETED	BY LASER VOLU	NTEER AFTER ANIMAL UN	LOADED	
Pony Mule Gelding Gray/White Appaloosa Chestnut/Sorrel Paint/Pinto Dun Other Mane and Tail: Dark Light Same as coat Body and Legs all one color; no markings	Noticeable Scars/Injuries	(be specific):			
Body and Legs all one color; no markings	☐ Pony ☐ Mule ☐ Donkey ☐ Llama/Alpaca	☐ Mare ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Black ☐ Bay Gray/White ☐ Appa Palomino ☐ Dun	lloosa Chestnut/Sorrel Other	☐ Paint/Pinto
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			A Company of the Comp		or; no markings
		- A P.		☐ No markings on face	



Equines:		
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Equines Intake and Pickup Form

RETURNED TO OWNER/AUTHORIZED REPRESENTATIVE

Owner/Representative (print name)			
Vehicle License Plate #	Driver's License #		
Trailer License Plate #	Phone Number		
Owner/Representative's Statement: I have i with no injuries that were not present upon	-	is in satisfactory condition	
Signature	Date		
Animal Released by (Volunteer Name)	Time	am/pm (circle one)	
Any concerns should be noted here and sign	ed by Shelter Manager:		
	_		
Shelter Manager Signature	D:	ate	