

Non-Equine Animal Intake and Pickup Form (Llamas, Alpacas, Pigs, Fowl, Sheep, Goats)

	SECTION I: YELLOW SECTION COMPLETED BY PERSON LEAVING ANIMAL (Please Print)					
	Owner Name:	Email:				
	Owner Address:					
	Owner Primary Phone:	Alternate Phone:				
	If not Owner, Name and Phone Number of Person Bringing Animal:					
	Owner's Veterinarian:					
	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:					
	12					
Animal Medical Care Authorization: This document authorizes LASER to arrange for Veterinary care for animals placed in its care by Owners or responsible parties during times of evacuations. The owner agrees to assume any costs associated with providing such nedical 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						
-	Signature of Owner or Responsible Party	LASER Intake Person				

SECTION II: COMPLETED BY LASER VOLUNTEER

May have several ID #'s for animals sharing a stall. Separate number for each animal (other than birds).

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Type of Animal	How Many	Descriptions	ID#'s	Stall #



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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 satisfactory condition with no injuries that	•	ind that it/they is/are in
Signature	Date	
Animal Released by (Volunteer Name)	Time	am/pm (circle one)
Any concerns should be noted here and sig	ned by Shelter Manager:	
Shelter Manager Signature	D	Pate