



Equines:

____ of ____

Equines Intake and Pickup Form

Animal ID #: _____ Stall #: _____ Animal Name: _____ Age: _____

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: _____ Veterinarian Phone Number: _____

List Special Requirements/General Information including about feed, health, housing and behavior: _____

Other than Owner, names and phone numbers of people authorized to pick up animal:

1. _____ 2. _____

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 medical 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 _____ Date: _____

Signature of Owner or Responsible Party _____ LASER Intake Person _____

SECTION II: COMPLETED BY LASER VOLUNTEER AFTER ANIMAL UNLOADED

Noticeable Scars/Injuries (be specific): _____

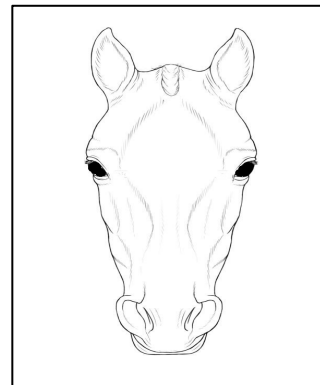
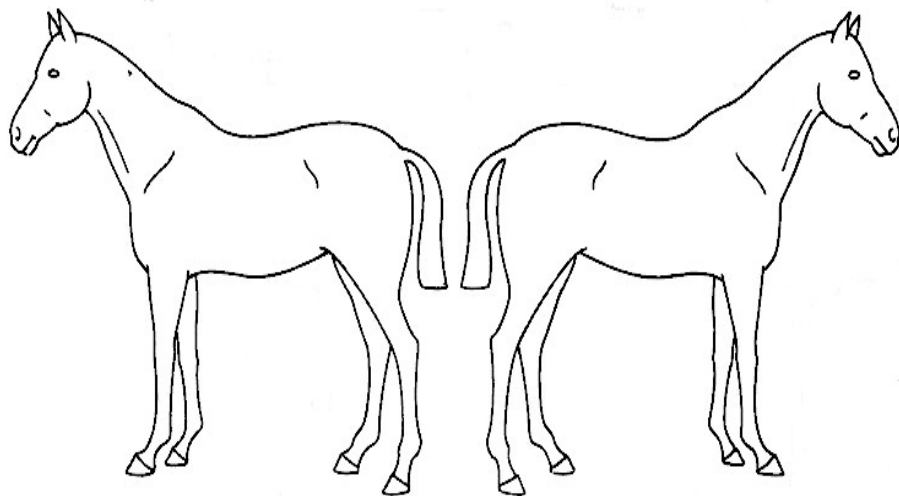
- ☐ Horse
- ☐ Pony
- ☐ Mule
- ☐ Donkey
- ☐ Other _____

- ☐ Mare
- ☐ Gelding
- ☐ Stallion

Coat Color:

- | | | | |
|-------------------------------------|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Bay | <input type="checkbox"/> Buckskin | <input type="checkbox"/> Roan |
| <input type="checkbox"/> Gray/White | <input type="checkbox"/> Appaloosa | <input type="checkbox"/> Chestnut/Sorrel | <input type="checkbox"/> Paint/Pinto |
| <input type="checkbox"/> Palomino | <input type="checkbox"/> Dun | <input type="checkbox"/> Other _____ | |

Mane and Tail: ☐ Dark ☐ Light ☐ Same as coat



☐ Body and Legs all one color; no markings

☐ No markings on face



Equines:

____ of ____

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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 inspected this animal and find that it is in satisfactory condition with no injuries that were not present upon arrival.

Signature _____ Date _____

Animal Released by (Volunteer Name) _____ Time _____ am/pm (circle one)

Any concerns should be noted here and signed by Shelter Manager:

Shelter Manager Signature _____ Date _____