



## 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

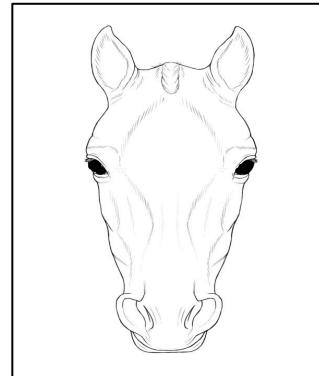
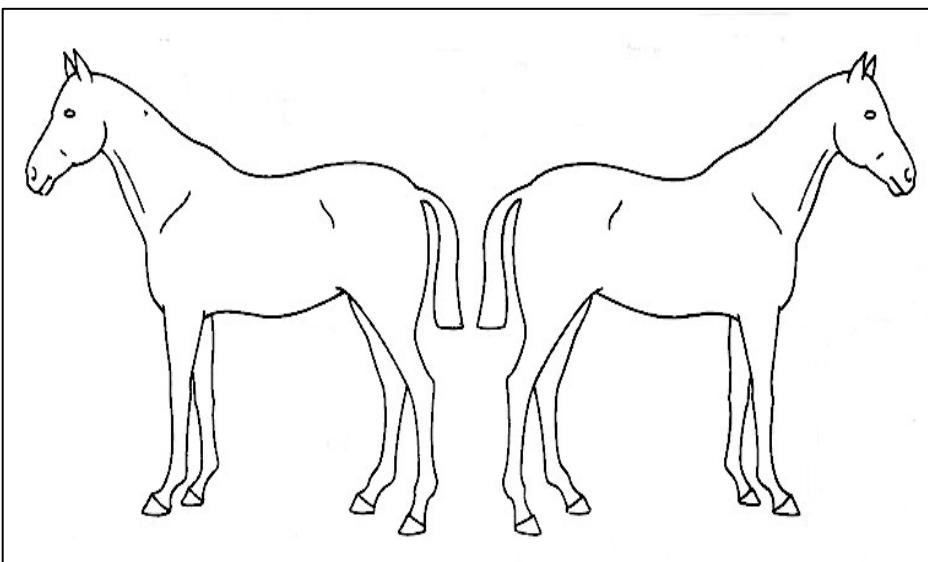
Noticeable Scars/Injuries (be specific): \_\_\_\_\_

Horse  
 Pony  
 Mule  
 Donkey  
 Other \_\_\_\_\_

Mare  
 Gelding  
 Stallion

Coat Color:  
 Black       Bay       Buckskin       Roan  
 Gray/White       Appaloosa       Chestnut/Sorrel       Paint/Pinto  
 Palomino       Dun       Other \_\_\_\_\_

Mane and Tail:  Dark  Light  Same as coat



Body and Legs all one color; no markings  
 No markings on face



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Equines:  
# \_\_\_\_ of \_\_\_\_

### 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:**

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Shelter Manager Signature \_\_\_\_\_ Date \_\_\_\_\_