**Animal ID #: \_\_\_\_\_\_\_\_\_\_ Stall #: \_\_\_\_\_\_\_\_\_ Animal Name: Age:**

**SECTION I: COMPLETED BY OWNER OR PERSON LEAVING ANIMAL (Please Print)**

Owner Name: Email:

Owner Address:

Owner Primary Phone: Alternate Phone:

If not Owner, Name of Person Bringing Animal:

If not Owner, Phone Number of Person Bringing Animal:

Owner’s Veterinarian: Veterinarian Phone Number:

Special Requirements (including feed requirements/restrictions)/Health Concerns/Behavior Concerns:

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

**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: REVIEWED AND COMPLETED BY LASER VOLUNTEER AFTER ANIMAL UNLOADED**

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

□ Mare

□ Gelding

□ Stallion

□ Horse

□ Pony

□ Mule

□ Donkey

□ Llama/Alpaca

□ Other \_\_\_\_\_\_\_\_\_\_

Coat Color:

□ Black □ Bay □ Buckskin □ Roan

□ Gray/White □ Appaloosa □ Chestnut/Sorrel □ Paint/Pinto

□ Palomino □ Dun □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert Photos Below]

Right Side Left Side Face

**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)