



## 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: \_\_\_\_\_ 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

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

Separate by housing (i.e., by each stall's animals)

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



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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/these animal(s) and find that it/they is/are 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 \_\_\_\_\_