



# Animal Intake Form

Tails of the free Rescue, Inc  
[www.tailsofthefree.org](http://www.tailsofthefree.org)

Name	Breed & Color
Gender (Circle) Male   Female	Altered (Circle): Yes   No   Unknown
Intake Date: _____ Time: _____	Approx Age / DOB: _____
Combo Test: FIV+      FeLV+      Negative	Test Date: _____ Loc: _____
Animal is from: _____	

Vaccines/tests		Visual Exam Results
Rabies	Lot: _____ Exp: _____ Loc: _____	<i>N=Normal Ab=Abnormal DNE=Not Examined</i>  Overall Condition: _____ <input type="checkbox"/> DNE Eyes: _____ <input type="checkbox"/> DNE Ears: _____ <input type="checkbox"/> DNE Nose: _____ <input type="checkbox"/> DNE Mouth: _____ <input type="checkbox"/> DNE Skin: _____ <input type="checkbox"/> DNE Other: _____ * If <b>abnormal</b> - write notes on back or in comments section*
FVRCP		
	Date(s) given	
Deworming		
Fleas		

Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_

Notes/Comments:

<b>Intake Temperament</b>	Needs calm home	Needs buddy	Good for active home
Calm   Active   Hyper	Seeks attention	Easy to handle	Tense      Difficult to handle
Friendly   Shy   Scared	Vocal	Hiding	Tucked tail      Lip Licks
Scratch   Bite	Love bug	Good with: Dogs   Cats   Men   Women   Kids	