Animal registration form

Although this form has been designed with the individual animal in mind, it can be modified, as appropriate, to document the identity of a group (e.g. herd or flock) of animals. Brown text can be deleted.

Animal Presented By Owner/Person In Charge

|  |  |
| --- | --- |
| Date |  |
| Name of owner / person in charge |  |
| Usual residential address |  |
|  |
| Current residential address  (if different from above) |  |
|  |
| Contact phone number |  |
| Alternative phone number |  |
| Email |  |
| OWNER’S REGISTRATION NUMBER, or other suitable ID |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of animal |  | Species |  | Breed |  |
| ANIMAL’S REGISTRATION NUMBER assigned at the shelter | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age |  | | | | | Sex |  | | Neutered | Yes | No |
| Colour |  | | | | | | | | | | |
| Distinctive markings | | |  | | | | | | | | |
| Microchip | | Yes | | No | Microchip number | | |  | | | |

|  |  |  |
| --- | --- | --- |
| Usual Veterinarian |  | Phone |
| Practice name & address |  | |
|  | |
| *NB: In the event that access to your animal’s previous medical records is required, the temporary animal facility’s supervisor, or veterinarian, may contact your own veterinarian to provide those records.* | | |

|  |
| --- |
| Has your animal sustained any injuries? If so describe the location of the injury. If you believe your animal requires urgent medical attention, alert staff immediately. |
|  |
| Does your animal have any pre-existing medical conditions or needs? If so, please list: |

|  |
| --- |
| Name/s of people the animal may be released to: |
|  |
|  |
|  |
|  |

Animal presented without owner

|  |  |
| --- | --- |
| Found/accompanied by: | |
| Name |  |
| Address |  |
|  |
| Contact phone number |  |
| Alternative phone number |  |
| Email |  |

|  |  |
| --- | --- |
| Location animal found |  |
| Date found |  |
| Time found |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Microchip | Yes | No | Microchip number |  |

|  |
| --- |
| Other relevant information (including conditions the animal was living or found in) |
|  |
|  |
|  |
|  |

STAFF USE ONLY

|  |  |  |
| --- | --- | --- |
| Shelter location |  | |
| Address |  | |
|  | | Phone |

|  |  |  |
| --- | --- | --- |
| Date animal released |  | Time |

|  |  |  |
| --- | --- | --- |
| Animal released / transferred to | Name | |
| Address |  | |
|  | | Phone |

|  |  |
| --- | --- |
| Photograph of animal |  |

|  |  |
| --- | --- |
| Veterinary procedures carried out |  |
| Date |  |
| Date |  |

|  |  |
| --- | --- |
| Veterinarian in Attendance |  |
| Practice Name & Address |  |
| Signature & Date |  |