

# Operational Guide

## Record Keeping



AMERICAN HUMANE

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## Introduction

Accurate and efficient record keeping is of crucial importance to all animal shelters. However, in the crush of day-to-day priorities it is often overlooked or mismanaged. There are no standardized generic forms or, in many cases, even quality sample forms that organizations can use to build their own record keeping system. There is little information on organizational do's and don'ts when it comes to record keeping and many animal shelters are forced to learn from tedious, and sometimes costly, trial and error. That is the purpose of this manual – to lay the groundwork for successful record keeping by animal shelters and make it easier for such organizations to keep accurate and efficient records.

### **Organizational Participation**

The following organizations participated in the formulation of this guide by providing sample record keeping forms and record keeping advice:

Alachua County Animal Control  
Gainesville, Florida

American Society for the Prevention of Cruelty to  
Animals  
New York, New York

Anderson Animal Shelter  
South Elgin, Illinois

Brazos Animal Shelter  
Bryan, Texas

Cat Care Society  
Lakewood, Colorado

Dallas SPCA  
Dallas, Texas

Dumb Friends League  
Denver, Colorado

Fairfax County Animal Control  
Fairfax, Virginia

Houston SPCA  
Houston, Texas

Humane Society of Broward County  
Ft. Lauderdale, Florida

Humane Society of Huron Valley  
Ann Arbor, Michigan

Jefferson Animal Shelter  
Golden, Colorado

Lincoln-Lancaster County Animal Control  
Lincoln, Nebraska

Longmont Humane Society  
Longmont, Colorado

Marin Humane Society  
Novato, California

Michigan Humane Society  
Detroit, Michigan

Pima Animal Control Center  
Tucson, Arizona

Robert Potter League for Animals  
Newport, Rhode Island

St. Croix Animal Shelter  
Afton, Minnesota

Tacoma-Pierce County Humane Society  
Tacoma, Washington

Toledo Humane Society  
Maumee, Ohio

Waco Humane Society  
Waco, Texas

Washington County/Johnson City Animal Control  
Johnson City, Tennessee

## Making Life Easier – General Tips and Helpful Information

The key to good record keeping is to keep it as simple as possible. The following is a list of general tips and helpful information to keep in mind when designing your record keeping systems.

- 1. Keep it simple:** The forms contained in this guide are simply prepared. By working with a typesetter, forms company or desktop publishing software, you can change the design of any form for ease of use and filing. The simpler the forms, the fewer completion errors.
- 2. Don't reinvent the wheel:** There are thousands of animal shelters across the United States and thousands more nonprofit agencies. There is no need to start from scratch. Collect forms and pick and choose what works for your agency.
- 3. Identify the source:** Place the agency name and logo and the title of the form on all shelter forms. Forms or copies which are received by the public should have the agency address, phone number (including area code), and website.
- 4. Review:** Review forms yearly and make changes as needed. Forms work because they meet your needs and your needs change.
- 5. User accessibility:** All forms in this guide are in English; depending on your location certain forms should also be available in other languages (e.g., Spanish, Chinese). Forms that are especially helpful in other languages include adoption and cruelty investigation forms.
- 6. Stress importance:** Many times forms are viewed as extra busywork by staff and volunteers. It is crucial that the long-term importance of data gathering is stressed. Accurate data can make or break matching a lost pet or found pet with an owner, a court case, foundation funding, or a city contract funding increase. Additionally, progressive policy changes depend on accurate data; you can't present a persuasive argument without good backup.
- 7. Limit access:** Forms disappear and get misfiled because 20 different people have access to them. Cruelty complaint forms belong in the cruelty investigation department and no one else needs to access them.
- 8. Filing:** The main purpose of a filing system is retrieval. The best filing system is one that works. Copy and filing tips have been listed with forms, as appropriate. Generally, intake-related forms are filed numerically and adoption-related forms are filed alphabetically. However, nothing is set in stone, if it works and you can retrieve a form as needed, that's how it should be filed.
- 9. Cross reference:** It is worth the expense of a duplicate (or triplicate) copy for cross reference filing if that is the easiest method of locating a form.
- 10. Computerize:** Get with the times – computerize. It really does make the difference. There is no reason not to computerize. Commercial software is widely available and there are a number of commercially available shelter management systems. Ask around what works and what doesn't.

If you are about to pay a bundle for a customized system, ask for references. Before you take the plunge, carefully document your needs. Think long-range; even if you don't plan to computerize all areas at first, make sure the system you purchase has the capacity to handle them later. Dream a little; what reports would you like to be able to generate, what data would you like to be able to record and track? Organizations grow and data collection grows along with them. Make sure the system you use has the capacity to grow along with you. And above all, make sure the system is user friendly; if your staff can't operate the system, it is useless because it won't be used.

11. **Make use of your local attorney:** Laws vary from locality to locality. Have a local attorney review any contractual agreements, releases or disclaimers. It might just save you a major headache later.
12. **Store, and when in doubt, store some more:** Again, legal requirements vary, but it is always better to over-store than under-store. The general rule of thumb is to store records in an accessible location for two years, then store them in deep storage for another five years.

With computers, you can save on storage space by using magnetic tape backups. Store statistics indefinitely; historical review can prove invaluable.

13. **Avoid problems:** Easy to say, hard to manage. Plan ahead: avoid problems in advance. The top problems in record keeping are:

- Human error: accuracy, attention to detail
- Staff: training, accuracy, consistency, availability
- Time: not enough to do the job properly
- Storage space: never enough, you always need more
- Filing: improper filing, misplacing, not refiling
- Human error: AGAIN!

## **Software Provider List**

### **AnimalShelterNet Software**

1809 West Main, #204  
Carbondale, IL 62901  
618-549-6200  
E-mail: [info@animalshelternet.com](mailto:info@animalshelternet.com)  
[www.animalshelternet.com](http://www.animalshelternet.com)

### **ARK Shelter Software**

6556 Willowick Road  
Findlay, OH 45840  
1-800-543-3647  
E-mail: [info@arksoftware.com](mailto:info@arksoftware.com)  
[www.arksoftware.com](http://www.arksoftware.com)

### **Business Computing**

2418 Via Bonita  
Carrollton, TX 75006  
972-417-1050  
[www.youramerica.net](http://www.youramerica.net)

### **HLP, Inc./Chameleon© Software Products**

3271 Falkland Circle  
Huntington Beach, CA 82649  
1-800-459-8376  
E-mail: [sales@ChameleonBeach.com](mailto:sales@ChameleonBeach.com)  
[www.chameleonbeach.com](http://www.chameleonbeach.com)

### **Island Business Group**

P.O. Box 362  
Center Moriches, NY 11934  
631-288-6031  
E-mail: [info@islandbusinessgroup.com](mailto:info@islandbusinessgroup.com)  
[www.islandbusinessgroup.com](http://www.islandbusinessgroup.com)

### **Multiple Options, Inc.**

P.O. Box 9507  
Providence, RI 02940  
E-mail: [sales@multiop.com](mailto:sales@multiop.com)  
[www.multiop.com](http://www.multiop.com)

### **PetPoint™ Shelter Data Management System**

3315 East Algonquin Road, #450  
Rolling Meadows, IL 60008  
1-866-630-7387  
E-mail: [info@petpoint.com](mailto:info@petpoint.com)  
[www.petpoint.com](http://www.petpoint.com)

### **RoseRush Services, LLC.**

P.O. Box 8726  
The Woodlands, TX 77387  
936-273-1904  
E-mail: [wbduncan@wt.net](mailto:wbduncan@wt.net)  
[www.shelterpro.com](http://www.shelterpro.com)

### **Shelter Buddy Software**

600 Townsend Street, # 120E  
San Francisco, CA 94103  
415-622-0013  
E-mail: [enquiries@shelterbuddy.com](mailto:enquiries@shelterbuddy.com)  
[www.shelterbuddy.com](http://www.shelterbuddy.com)



## **Adoption-Related Forms**

Sample forms in this section include: adoption applications, adoption agreement, sterilization agreement, adoption request form, and adoption report forms.

Adoption applications can take many forms. The two main types are a lengthy written questionnaire which is reviewed by an adoption staff member or a shorter information sheet followed by a more comprehensive outline reviewed with an adoption counselor.

Arguments can be made for both strategies. Forms of both types are included in this guide. Obviously, there is a great deal of overlap between the two types of forms. And naturally, these forms can be just a starting point in developing your own adoption application that meets the needs of your particular program and policies.

Adoption applications can be made into a booklet, making them a lot less intimidating than a pile of individual papers.

## ***Copy and Filing Tips***

### **Adoption Applications**

If filed before the adoption is completed, the application should be filed separately in a pending file by the adopter's last name. When filed after the adoption is completed, the application should be filed with the adoption agreement paperwork.

***See Appendix A for a sample of Adoption-Related forms.***

### **Adoption Agreement**

Three copies are needed: one for the adopter, a shelter file copy, and the audit copy. The shelter file copy should be filed by the animal's intake number and/or the adopter's last name. The audit copy should be filed by date.

### **Adoption Request Forms**

These should be filed by breed/animal type.

### **Sterilization Agreement**

Three copies are needed: one for the adopter, a shelter file copy, and the audit copy. The shelter file copy should be filed by sterilization due date and then alphabetically by adopter upon completion.

## Adoption Agreement Elements

The following are suggested elements of an adoption agreement:

1. Acknowledgment of receipt of the animal.
2. Agreement to provide proper care and treatment for the animal. This statement may include an agreement to have the animal examined by a veterinarian within a specified time period.
3. Agreement to sterilize the animal as specified by the shelter. A separate sterilization agreement is recommended as well.
4. Agreement to license the animal in compliance with the laws and ordinances in force in the adopter's local municipality.
5. Agreement not to allow the animal to be used for experimentation.
6. Agreement to return the animal to the shelter if the adopter can no longer care for it. A variation of this agreement is to have the adopter agree to return the animal to the shelter if the animal is not neutered at the time s/he can no longer care for it, but to allow the adopter to find the animal a new home if the animal is already neutered.
7. Agreement to surrender the animal, if stray, to its rightful owner if claimed within \_\_\_\_ days of adoption.
8. Agreement to accept all risks and responsibilities of ownership and to release the animal shelter from all liability.

A shelter may wish to add other items to the adoption agreement; these elements are by no means inclusive.

***See Appendix B for a sample of Adoption Agreement Elements forms.***

## Adoption Reports

A monthly adoption report should be prepared along with quarterly and yearly summaries. This form should clearly define the activities of the adoption department and compare them to the previous year. A quick review of this report can help spot adoption trends and/or problems so that appropriate policy decisions can be made based on accurate data.

If a shelter has more than one location (or more than one type of adoption program, i.e. shelter vs. mobile), the report should note activity for each location and program separately as well as collectively.

The following are items that should be considered for statistical record keeping:

1. A breakdown of adoption by species and age (mature or immature)
2. Miscellaneous animal adoptions by species
3. The number of purebreds adopted, by breed if possible
4. The number of special adoptions (i.e. seeing eye/hearing dogs, Purina "Pets for People" adoptions, purebred rescue placements)
5. The number of adoption refusals and the reasons for refusal
6. The number of adoption returns and the reasons for return
7. The number of adoption refunds issued and the reasons why they were issued

8. The number of sterilization contract defaults and the reason for default

Additional items that may also be helpful include:

1. A breakdown of adoption by surrender type (stray vs. owned)
2. The number of adoption refusals by adoption counselor
3. The number of adoption returns per adoption counselor
4. Compiling adoption rates

Compiling an adoption rate appears easy but can be complicated by statistical manipulation.

One of the more accurate formulas is to determine the number of adoptable animals by considering the number of animals received and subtracting all DOAs, injured animals, owners' requests for euthanasia and return to owners. Once the number of adoptable animals is determined, it is simply a matter of dividing the number of animals adopted by the number of adoptable animals for the adoption rate.

This type of adoption rate does not take into consideration those animals that were received but never placed up for adoption because of illness, injury, temperament, age, behavior problems or adjustment problems. Whatever the method for determining an adoption rate, there should be an explanation for the public for accuracy (truth in advertising) purposes.

***See Appendix C for a sample of a Monthly Adoption Report form.***

## **Sterilization Agreement Elements**

The basic elements of a sterilization contract are:

1. Acknowledgement of receipt of the animal.
2. Agreement to sterilize the animal by a specified date.
3. Acknowledgment of a sterilization deposit to be refunded upon fulfillment of the contract. The actual agreement and terms will vary depending on the sterilization arrangements made by the shelter.
4. Agreement that the adoption is conditional and not final until the animal is sterilized.

Sterilization contracts are often difficult to enforce and can create problems for an animal shelter. The best policy is to implement an “in-house” spay/neuter policy to ensure all animals are sterilized before adoption. For those organizations that cannot accomplish this, you must screen adopters effectively for sterilization compliance and emphasize the importance of spaying or neutering their pet.

***See Appendix D for a sample of Sterilization Agreement Elements forms.***

## Animal Bite Report Copy and Filing Tips

Multiple copies of animal bite reports are needed.

Two copies should be retained by the reporting agency: one filed alphabetically by the owner's last name and one filed alphabetically by the victim's last name.

Additionally, a copy should be given to the local health department, and copies given to the owner and/or victim as appropriate.

*See Appendix E for a sample of Animal Bite Report forms.*

## Cruelty Investigation-Related

Cruelty investigation varies widely by state depending on state law and enforcement and forms will vary accordingly.

Sample forms in this section include:

- Cruelty Complaint Form
- Investigations Complaint Form
- Notice of Complaint
- Notice of Violation
- Notice of Impoundment

Citation forms should be prepared in accordance with local laws. **Please review all forms for adherence with your state and local ordinances.**

All cruelty complaints should be cross-indexed by owner's name and complaint address. Additionally, forms should be filed by case number.

*See Appendix E for a sample of Cruelty Investigation-Related forms.*

## Intake-Related

Most shelters have only one intake form. Some shelters have a separate intake form for wildlife or stray vs. owner surrendered animals. There is no recommended number of intake forms. The best policy is the one that meets the needs of your particular set of circumstances.

All intake forms, however, must include a surrender statement. These statements must be written in conjunction with an attorney, and the owners of all owner-surrendered animals must be required to read the release form carefully before signing it.

Surrender statement language should include a clear relinquishment of all rights of ownership, a release of liability for the shelter and an acknowledgement that the animal may be euthanized.

Intake forms should include multiple copies. One copy should be given to the owner/finder as a receipt. One copy should be retained by the shelter and filed by control number. Another copy should act as the audit/comptroller copy and be filed by date. And a card stock (kennel card) copy should follow the animal throughout its stay at the shelter.

The final kennel card copy needs a surrender statement and owner information as the last two sections. A physical examination and medical history section can be substituted. Refrain from making remarks on the kennel card that might be misconstrued and deter potential adopters from inquiring further about an animal.

*See Appendix F for a sample of Intake-Related forms.*

## Lost and Found Reports

The major problem with lost and found programs is matching lost and found reports. The task is often like finding a needle in a haystack. Ask five people to describe a lost or found animal and more than likely you will receive five separate descriptions that might or might not match the animal in question. The key to a successful lost and found system is standardizing responses and getting people to describe animals in the same way. The best report gives the owner a few preselected choices, at least minimizing the wide variance in description. And of course, photographs make a big difference.

Each report should be kept separately so they can be filed and reviewed easily. Reports should be filed in six sub-categories: lost dogs, lost cats, lost miscellaneous, found cats, found dogs, and found miscellaneous. Within each category, reports should be filed alphabetically by breed for purebreds and color and/or dominant breed for mixed breeds (if the reports are not cross-filed, the lost and found personnel should check for mixed breeds under both color and breed possibilities).

Computer lost and found systems will cross-check the lost reports with the found reports and vice versa. Some systems will also cross-check the lost reports with the animals at the shelter and keep track of return to owner matches. For these reasons, it is very important that breed and color descriptions be standardized (i.e., a computer will not match a “shep” with a “shepherd”).

Here are some other helpful ideas:

- A lost and found bulletin board, in addition to the report files, with lost and found postings so that the public can personally check for possible matches.
- Photograph attachments, whenever possible, to all reports.
- Duplicate copies of reports for other shelter locations or other area agencies.
- An area map on the lost/found report so the last known vicinity of the animal can be pinpointed.
- A top and bottom animal diagram so that identifying marks and coat patterns can be more accurately described.

For ease of filing, it is helpful to have lost and found reports on smaller card stock. While the following sample reports are designed on letter-sized paper, the same information can be typeset in smaller type on cards. If possible, the follow-up/outcome section can be on the reverse side of the card.

***See Appendix G for a sample of Lost and Found Reports forms.***

## Legal and Record-Keeping Requirements

The *Controlled Substances Act* – part of the *Comprehensive Drug Abuse Prevention and Control Act* – was passed by the U.S. Congress in 1970 and is administered by the federal Drug Enforcement Administration (DEA). It requires animal shelters that purchase, possess, or administer controlled substances to follow the requirements as listed for “mid-level practitioners” under the *Code of Federal Regulations*.

By definition, a controlled substance is a drug that has or may have a potential for human abuse. Not all controlled substances have the same potential for abuse by humans. Controlled substances are divided into five categories depending upon their potential for abuse. These categories (called “Schedules”) are:

1. Schedule I – Drugs in this category have no accepted medical use in the United States and pose the highest potential for abuse. Examples are crack-cocaine, heroin, LSD, and marijuana.
2. Schedule II – Drugs in this category have an accepted medical use. They have a high potential for human abuse with psychic or physical dependence liability. Examples are morphine, amphetamines, sodium pentobarbital, Demerol, and cocaine.
3. Schedule III – Drugs in this category have an accepted medical use. They have less potential for abuse than Schedules I and II. Examples are ketamine, Telazol, and pentobarbital combinations, such as FP-3, Beuthanasia-D and Euthasol.

4. Schedule IV – Drugs in this category have an accepted medical use. They have less abuse potential than Schedules I to III. Examples include phenobarbital, chloral hydrate, Valium, and Librium.
5. Schedule V – Drugs in this category have an accepted medical use. They have less abuse potential than Schedules I to IV. Examples include Lomotil and Robitussin AC.

Under federal law, an animal shelter has no authority to purchase, possess, or administer controlled substances. This authority must come from one of three sources:

1. Satellite registration – the animal shelter is registered with the DEA under a local veterinarian’s (DEA) license. The veterinarian is responsible for ordering, securing, and maintaining all paperwork associated with the possession, storage, and administration of controlled substances.
2. Animal shelter staff veterinarian – the animal shelter employs a DEA-licensed veterinarian and orders controlled substances through and under that veterinarian’s license. The veterinarian is responsible for ordering, securing, and maintaining all paperwork associated with the possession, storage, and administration of controlled substances.
3. Direct registration – in states where direct registration exists, it is legal for animal shelters to order, store, and administer limited controlled substances and do so without a licensed veterinarian anywhere in the “loop.” Instead, a named individual at the shelter is responsible for ordering, security, record-keeping, and



notification of loss or theft. At this time, approximately 33 states have enacted some form of direct registration, also known as “direct purchase.” The purchase, storage, and use of controlled drug substances always involves federal law, but in cases of direct registry it also falls under the jurisdiction of state laws and regulations. To obtain DEA registration in these states, shelters must contact the state agency that regulates controlled substances. In some cases, states have set standards that not only meet but also exceed federal requirements. For example, some states require that drug inventory records be kept for three years compared to only two years under federal law.

In a letter to American Humane, dated April 2, 1993, the DEA noted the registration process involved under state direct registration:

“The registration of animal shelters with DEA is predicated under the requisite that proper registration is first obtained under state regulations, in those states that permit this type of activity. Upon verification, the facility, in concert with the responsible designated individual, will be issued a DEA registration. This registration will be designated as a “practitioner” type and the applicable regulations of the Code of Federal Regulations, Title 21, Section 1304, will apply. These regulations would include the permission to purchase controlled substances.”

### ***Code of Federal Regulations Part 1300 to End***

The DEA is also charged with writing appropriate rules designed to enforce the Controlled Substances Act. These rules are published in Title 21, Chapter II of the Code of Federal Regulations (21 CFR, Part 1300 to End). Printed copies may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 or downloaded through the Government Printing Office’s website at: <http://www.gpoaccess.gov>.

### ***Federal (Minimum) Standards***

States without direct registration laws operate under federal regulations, which means that the animal shelter must obtain the controlled substances under the registration (or license) of a veterinarian. The veterinarian must apply for DEA registration using the physical address (not a P.O. Box) of the animal shelter. This permits the agency to store and administer controlled substances, but the shelter can only do so under the supervision of the veterinarian whose name appears on the registration. In this case, it is the veterinarian, not the shelter, who orders the controlled substances, maintains inventory, installs security measures, and notifies the DEA field office of any loss or theft of the drug. Animal care and sheltering agencies located in states without state direct registration must conform to standards outlined for individual veterinary practitioners. A summary of those standards is listed here.

## **Security**

Effective controls and procedures must be in place to guard against theft and diversion of controlled substances.

Controlled substances must be stored in a substantially constructed, securely locked cabinet. While not required, the DEA does recommend the use of a safe or safe and alarm.

## **Theft or Loss**

The theft or significant loss of any controlled substance must be reported immediately to the DEA field office, and form #106 must be filled out and returned to the DEA.

## **Disposal**

Disposal of outdated, unwanted, or obsolete sodium pentobarbital or other controlled substances must be performed in accordance with DEA procedures, and form #41 must be filled out and returned to the DEA.

## **Records Inventory**

The official registrant must maintain a written inventory of all on-hand controlled substances (“on hand” means that they are in the possession of or under the control of the registrant). If the records are kept in computer files, they must be easily readable and retrievable. The actual inventory can be a handwritten or printed document. An inventory must be performed every two years and must contain a complete and accurate record of all controlled substances on hand the date inventory was taken.

## **Records Retention**

The written inventory, purchase records, and original invoices must be kept at the registered location for two years. The registered location is the address on the registration where the drugs are stored and used. Records of Schedule II controlled substances must be maintained separately from ordinary business records of the registrant. Records of Schedule III controlled substances should either be kept separately from other records or be maintained in such a way that the information is readily retrievable.

*See appendix H for the Federal Recordkeeping requirements and for sample controlled substance and inventory logs. For states with direct registration, you must verify that these logs will satisfy your state’s recordkeeping requirements.*

## Ledgers and Activity Reports

Despite the fact that animal shelters have existed for over a hundred years, there is no reliable statistical base of information regarding ledgers and activity reports. Records regarding animals most often are not a high priority. The attitude of many shelters is that they are busy taking care of animals and don't have time to keep records. And besides, they aren't all that important, are they? **WRONG** – accurate record keeping can make a big difference to your program.

It lets you know what you've accomplished, what you haven't accomplished, what you need to do and how you can improve, and allows you to keep abreast of new trends before they become a crisis.

Animal shelters should keep statistical records on all their activities, including adoptions. Many of these records will prove to be very important in planning and updating your adoption program.

Accurate statistics allow you to evaluate and improve your program and services to better meet the needs of animals and people in your community.

### **Daily Ledger**

A daily ledger of all incoming animals should be kept in a ledger book. This record should include:

- Date
- Control/intake number
- Breakdown by species
- Within species breakdown by source (e.g., stray, owned)

- Within species breakdown by age (e.g., dogs, puppies)
- Optional breakdown by county/municipality
- disposition: euthanasia, owner's request, return to owner, adoption

Donations and fees can also be included in the daily ledger.

A quick survey of the daily activity report should be all that is needed to determine how many animals were received, of what types, what happened to them, etc.

### **Activity Reports**

A complete animal activity statistical report should be completed on a monthly basis. Ideally, both monthly and year-to-date comparisons should be made with the previous year. If this is too time consuming, at the very least a quarterly summary with year comparisons should be compiled.

In addition to the final yearly totals, the yearly activity report should include several summary charts, such as a monthly calendarization, bar graph comparisons, and a five-year summary of basic animal activity.

With the help of a good computer program you are only limited by time and imagination. Some categories to be considered for statistical activity reports are as follows:

#### Incoming Animals

- Strays
- Owner surrendered
- Owner's request
- Emergency rescue
- Cruelty seizures

- Breakdown by county/town/municipality
- Wildlife by species
- Optional breakdown by breed

#### Return to Shelter

- Reason for return

#### Biting Animals

- Total bite incidents
- Breakdown by breed

#### Disposition

- Adopted
- Returned to owner
- Euthanized (with optional breakdown by reason for euthanasia)
- Euthanized/owner's request
- DOA
- Died
- Escaped/stolen

#### Field Activities

- Number of calls responded to (plus type of calls, e.g., regular, emergency, wildlife, bite)
- Number of person hours spent on patrol
- Incoming animals by animal control officer
- Breakdown by type of call (e.g., at large, injured, barking)

#### Complaints Received

- Total complaints received
- Breakdown by type of complaint (e.g., cruelty, dangerous dog)
- Breakdown by investigator
- Number of warnings issued (with optional breakdown by type)
- Number of citations issued (with optional breakdown by type)
- Number of convictions

#### Other Activities

- Licenses sold
- Animals sterilized
- Youth/school presentations
- Adult presentations
- Shelter tours
- Pet facilitated therapy visitations

***See Appendix I for a sample of Ledgers and Activities Reports forms.***

## The Asilomar Accords

### Introduction

In August of 2004, a group of animal welfare industry leaders from across the nation convened at Asilomar in Pacific Grove, California, for the purpose of building bridges across varying philosophies, developing relationships and creating goals focused on significantly reducing the euthanasia of healthy and treatable companion animals in the United States.

### Definitions

The animal welfare organization leaders who participated in the August 2004 meeting at Asilomar in Pacific Grove, California, developed and agreed upon the following definitions. The definitions are intended to provide a standard way to categorize the dogs and cats that comprise the shelter population of the various organizations each year. It is believed that standard definitions are a first step in collecting and reporting reliable data on the numbers of at-risk animals in the nation's communities.

Healthy: The term “healthy” means and includes all dogs and cats eight weeks of age or older that [sic], at or subsequent to the time the animal is taken into possession, have manifested no sign of a behavioral or temperamental characteristic that could pose a health or safety risk or otherwise make the animal unsuitable for placement as a pet, and have manifested no sign of disease, injury, a congenital or

hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal's health in the future.

Treatable: The term “treatable” means and includes all dogs and cats that are “rehabilitatable” and all dogs and cats that are “manageable.”

Rehabilitatable: The term “rehabilitatable” means and includes all dogs and cats that are not “healthy,” but who are likely to become “healthy” if given medical, foster, behavioral, or other care equivalent to the care typically provided to pets by reasonable and caring pet guardians in the community.

Manageable: The term “manageable” means and includes all dogs and cats that are not “healthy,” and who are not likely to become “healthy,” regardless of the care provided; but that would likely maintain a satisfactory quality of life, if given medical, foster, behavioral, or other care, including long-term care, equivalent to the care typically provided to pets by reasonable and caring guardians in the community; provided, however, that the term “manageable” does not include any dog or cat that is determined to pose a significant risk to human health or safety or to the health or safety of other animals.

Unhealthy and untreatable: The term “unhealthy and untreatable” means and includes all dogs and cats that, at or subsequent to the time they are taken into possession:

1. Have a behavioral or temperamental characteristic that poses a health or safety risk or otherwise makes the animal unsuitable for placement as a pet, and are not likely to become “healthy” or “treatable” even if provided the care typically provided to pets by reasonable and caring pet guardians in the community; or
2. Are suffering from a disease, injury, or congenital or hereditary condition that adversely affects the animal’s health or is likely to adversely affect the animal’s health in the future, and are not likely to become “healthy” or “treatable” even if provided the care typically provided to pets by reasonable and caring pet guardians in the community; or
3. Are under the age of eight weeks and are not likely to become “healthy” or “treatable,” even if provided the care typically provided to pets by reasonable and caring pet guardians in the community.

For more information on implementing record keeping utilizing the Asilomar Accords please visit the website [www.asilomaraccords.org](http://www.asilomaraccords.org).

- A-1 Adoption Application
- A-2 Adoption Consultation
- A-3 Adoption Counselor Checklist  
Dog or Puppy Adoptions
- A-4 Adoption Counselor Checklist  
Kitten or Cat Adoptions

# A P P E N D I X A

## ADOPTION APPLICATION

Welcome to the \_\_\_\_\_ shelter/adoption center. We are glad you have come to adopt a new pet from our shelter.

The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The animal's welfare is our foremost consideration. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health is routinely monitored while at the shelter. However, there is always a chance that an animal is incubating a disease without showing any clinical signs.

After the \_\_\_\_\_-day health guarantee, any adopted animals are the sole responsibility of the adopter.

Our adoption fee includes: spay/neuter, first series of vaccinations, leukemia testing or heartworm testing (as applicable), fecal exam for parasites and any needed medication, a \_\_\_\_\_-day health guarantee, collar and identification tag, and a cardboard carrier for cats, kittens, and puppies. All adopters will also be given a complimentary one-year membership and be placed on our mailing list.

In order to be considered as an adopter today, you must:

- Be 18 years of age or older;
- Have identification showing your present address;
- Have the knowledge and consent of your landlord (if applicable); and
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

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### PLEASE PROVIDE THE FOLLOWING INFORMATION

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

The shelter/adoption center reserves the right to refuse adoption to anyone. No animal will be adopted to anyone who has an extensive history of losing, giving away or selling animals, or having animals that were injured or killed by moving vehicles. No animal will be adopted to prospective owners who mislead or fail to provide accurate information on the Adoption Application or any other associated forms.



## ADOPTION QUESTIONNAIRE

Please fill out completely. It will then be reviewed by one of our adoption counselors.

**I am here today to look for a:**

Puppy     Dog     Kitten     Cat     Other \_\_\_\_\_

**Is this your first experience with a pet?**     Yes     No

**Why do you want a pet?**

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**Do you have any preferences as to breed type, sex, age, size, length of hair, etc.?**

No     YES (please describe):

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**Do you own any pets at the present time?**     Yes (please complete information below)     No

Name	Breed/Species	Age	Neutered?	Kept inside or outside or both?

**List pets owned in the past five years other than those listed above:**

How long did you have this pet?	Breed/Species	Age	Neutered?	Kept inside or outside or both?

**Please indicate your veterinarian's name and phone number:**

---

**Where do you currently live?**

House     Apartment     Mobile home     Condo     Townhouse     Own     Rent

**If you rent, does your lease/landlord allow pets?**     Yes     No

**If you rent, please indicate your landlord's name and phone number:**

---

**Household information:**

No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Do all adults know that you plan to adopt a pet?     Yes     No

**Do you or does anyone living in your household have any known allergies to animals?**

No     YES (to what kind(s) of animals and how severe is the allergy?):

---

**Who will be responsible for the care of this pet?** \_\_\_\_\_

**How many hours per day will your pet spend alone without human companionship?**

0  1-3  4-6  6-8  8-10  10-12  12+

**Where will your pet be kept during the day?**

\_\_\_\_\_

**Where will your pet be kept during the night?**

\_\_\_\_\_

**Where will your pet be kept when you're not home?**

\_\_\_\_\_

**Do you plan on spaying or neutering your pet?**  Yes  No

**How did you hear about our adoption services?**

\_\_\_\_\_

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### PUPPY OR DOG ADOPTIONS ONLY

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**Why do you want to adopt a puppy or dog?** (check all that apply)

Companion/house pet  Watchdog  Gift  Hunting  Child's pet  Companion for other pet  
 Guard dog  Other: \_\_\_\_\_

**Do you have a fenced yard?**  No  Yes (how high is the fence?) \_\_\_\_\_

**Do you realize you will probably have to housetrain your puppy or dog?**  Yes  No

**Would you like information on how to housetrain a puppy or dog?**  Yes  No

**What will you do if your puppy or dog chews furniture or shows other destructive behavior?**

\_\_\_\_\_

**Are you familiar with crating?**  No  Yes (what are your feelings about it?)

\_\_\_\_\_

**Do you plan on taking your puppy or dog to obedience training classes?**  Yes  No

**Are you familiar with heartworm disease?**  Yes  No **With fleas?**  Yes  No

**How will you keep your puppy or dog confined to your property?** (check all that apply)

In house  Kennel  Fenced yard  Fenceless fence  On chain  Garage  On leash  Patio  
 Other: \_\_\_\_\_

\_\_\_\_\_

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**KITTEN OR CAT ADOPTIONS ONLY**

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**Why do you want to adopt a kitten or cat?** (check all that apply)

Companion/house pet    Mouser    Gift    Breeder    Child's pet    Companion for other pet

Other: \_\_\_\_\_

**Will your kitten or cat be allowed outside?**    No    Yes (under what circumstances?)

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**Do you plan to have your kitten or cat declawed?**    Yes    No

**What will you do if your kitten or cat claws furniture or shows other destructive behavior?**

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I hereby certify that the above information is true to the best of my knowledge. I understand that giving false information on this Adoption Application will be grounds for denying my application. This application shall remain the property of the \_\_\_\_\_ shelter/adoption center.

\_\_\_\_\_  
Adopter's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adopter's Printed Name

**FOR SHELTER USE ONLY – DO NOT WRITE BELOW THIS LINE – THANK YOU**

Animal being considered:

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Caution file:       Yes    No      Comments: \_\_\_\_\_

Landlord approval:       Yes    No      Comments: \_\_\_\_\_

Residence check:       Yes    No      Comments: \_\_\_\_\_

Veterinary reference:       Yes    No      Comments: \_\_\_\_\_

Approval:       Yes    No      Comments: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Adoption Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

## ADOPTION CONSULTATION

Welcome to the \_\_\_\_\_ shelter and adoption center. We are glad you have come to adopt a new pet from our shelter.

The following information is requested so that your adoption counselor can assist you in the selection of a new pet. The consultation process is designed to help us determine if the adoption is in the animal's best interest and to assist you in finding an animal most compatible with your lifestyle.

The animals available for adoption came here from a variety of sources. All animals are examined upon entry, and their health is routinely monitored while at the shelter. However, there is always a chance that an animal is incubating a disease without showing any clinical signs.

After the \_\_\_\_\_-day health guarantee, any adopted animals are the sole responsibility of the adopter.

In order to be considered as an adopter today, you must:

- Be 18 years of age or older;
- Have identification showing your present address;
- Have the consent of your landlord (if applicable);
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and proper care for a pet.

---

### Please provide the following information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_

Employer \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**PLEASE COMPLETE THIS FORM BEFORE YOU MEET  
WITH AN ADOPTION COUNSELOR**

**I am here today to look for a:**

Puppy     Dog     Kitten     Cat     Other \_\_\_\_\_

**Is this your first experience with a pet?**     Yes     No

**Why do you want to adopt a pet?** (check all that apply)

Companion     Watchdog     Barn cat/mouser     Breeding     Hunting     Child's pet  
 Family pet     Guard dog for business     Companion for other pet     Other: \_\_\_\_\_

**Do you own any pets at the present time?**     Yes (please complete information below)     No

Name	Breed/Species	Age	Neutered?	Declawed?

**Please indicate your veterinarian's name and phone number:**

**How many dogs or cats have you owned in the past?**    Dogs \_\_\_\_\_ Cats \_\_\_\_\_

**Where do you currently live?**

House     Apartment     Mobile home     Condo     Townhouse     Own     Rent

**If you rent, does your lease/landlord allow pets?**     Yes     No

**How long are you away from home on an average day?**

Home all day     Out part-time     Away 7-10 hours/day

**Our pet will live:**

Primarily indoors     Indoors/outdoors     Primarily outdoors

**Household information:**

No. of adults \_\_\_\_\_ No. of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Do all adults know that you plan to adopt a pet?     Yes     No

**Please check any topics you would like to discuss with us today:**

House training     Indoors vs. outdoors     Separation anxiety     Chewing  
 Feeding     Crate training     Exercise requirements     Pets & children  
 Obedience training     Escaping     Introducing to other animals     Disaster preparation  
 Lease/license laws     Heartworms     Vaccinations     Microchipping

**ADOPTION COUNSELOR CHECKLIST  
DOG OR PUPPY ADOPTIONS**

**I. GENERAL**

- Commitment
- Finances
- Sterilization
- Adjustment to lifestyle/family
- Arrangements for emergency, vacations, moving

**II. HOUSEHOLD**

- Number of people in household \_\_\_\_\_
- Number of children in household \_\_\_\_\_ Ages \_\_\_\_\_
- Knowledge and consent of all adults in household
- Length of time animal will be left alone \_\_\_\_\_
- Allergies \_\_\_\_\_

**III. DOG OR PUPPY**

- Inside      Outside     If outside, how long? \_\_\_\_\_
- Confinement method \_\_\_\_\_
- Fenced yard
- Exercise
- Leash and licensing laws
- Fenced yard
- Identification (tags, tattooing, microchipping)
- Training (house breaking, crate training, discipline methods)
- Behavior (crying, whining, chewing, barking, jumping on people)
- Safety (safe toys, antifreeze, escaping from enclosures, human food & cleaning agents)
- Feeding (brands, treats, weight control)
- Veterinary care (free health check/post adoption veterinary care, sterilization, medical treatment and inoculations received/needed, heartworm & heartworm prevention, fecal checks/internal parasites, flea control, Bordetella & kennel cough)
- Miscellaneous veterinary care (impacted anal glands, ear mites, skin problems, etc.)

**IV. REMINDERS**

- Review adoption packet materials
- Pet care clinics
- Adoption follow-up
- Please call with any problems, questions, or concerns

**V. CHECK-OUT**

- Adoption record review
- Caution file
- Landlord approval
- Residence check
- Veterinary reference

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**ANIMAL ID** \_\_\_\_\_

**NAME OF ADOPTER** \_\_\_\_\_

**COUNSELOR** \_\_\_\_\_  Approved  Denied

**RESTRICTIONS** \_\_\_\_\_  
\_\_\_\_\_

**ADOPTION COUNSELOR CHECKLIST  
CAT OR KITTEN ADOPTIONS**

**I. GENERAL**

- Commitment
- Finances
- Sterilization
- Adjustment to lifestyle/family
- Arrangements for emergency, vacations, moving

**II. HOUSEHOLD**

- Number of people in household \_\_\_\_\_
- Number of children in household \_\_\_\_\_ Ages \_\_\_\_\_
- Knowledge and consent of all adults in household
- Length of time animal will be left alone \_\_\_\_\_
- Allergies \_\_\_\_\_

**III. CAT OR KITTEN**

- Inside     Outside    If outside, supervision? \_\_\_\_\_
- Identification (tags, tattooing, microchipping)/cat control laws
- Training (litter box, scratching, eating plants, discipline methods)
- Declawing
- Safety (safe toys, antifreeze, poisonous plants, human food & cleaning agents)
- Feeding (brands, canned vs. dry food, treats, weight control)
- Veterinary care (free health check/post adoption veterinary care, sterilization, medical treatment and inoculations received/needed, feline Leukemia, FIV, Feline Urinary Syndrome [FUS], fecal checks/internal parasites, flea control, ear mites)

**IV. REMINDERS**

- Review adoption packet materials
- Pet care clinics
- Adoption follow-up
- Please call with any problems, questions, or concerns

**V. CHECK-OUT**

- Adoption record review
- Caution file
- Landlord approval
- Residence check
- Veterinary reference

---

**ANIMAL ID** \_\_\_\_\_

**NAME OF ADOPTER** \_\_\_\_\_

**COUNSELOR** \_\_\_\_\_  Approved  Denied

**RESTRICTIONS** \_\_\_\_\_  
\_\_\_\_\_

- B-1 Pet Adoption Agreement
- B-2 Adoption Request
- B-3 Adoption Hold Agreement
- B-4 Hold for Finder Agreement
- B-5 Dog Behavior Profile
- B-6 Cat Behavior Profile
- B-7 Stray Dog Information Sheet

# A P P E N D I X B



# PET ADOPTION AGREEMENT

## CLIENT INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

## ANIMAL INFORMATION:

Name \_\_\_\_\_ Breed \_\_\_\_\_  
Sex:  Male  Female Neutered/spayed?  Yes  No Stray  Owned   
Animal ID No. \_\_\_\_\_

### This pet has received the following medical care:

Canine/feline inoculation	Type: _____	Date: _____
Rabies vaccination	Type: _____	Date: _____
Heartworm test	Results: _____	Date: _____
Feline leukemia test	Results: _____	Date: _____
FIV test	Results: _____	Date: _____
Fecal check	Results: _____	Date: _____
Worming medication	Type: _____	Date: _____

**CONSULT YOUR VETERINARIAN ABOUT FOLLOW-UP INOCULATIONS AND/OR TREATMENT**

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## IMPORTANT – READ BEFORE SIGNING

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1. I hereby acknowledge receiving the above described animal.
2. I am 18 years of age or older.
3. I understand that I am adopting this animal with the following diagnosed condition or fault, and I realize that this animal may need further training or treatment:  
\_\_\_\_\_
4. I agree to take the animal to a veterinarian for examinations and immunizations as needed; and to procure immediate veterinary care, at my own expense, should the animal become ill or injured. *I may return the animal for an exchange or adoption refund within 14 days for a previously undiagnosed health reason, verified by a licensed veterinarian.* The shelter does not reimburse for medical bills.
5. I will provide a humane environment, regular exercise, and companionship for my pet. I will have the animal inoculated against rabies and abide by animal control laws.
6. I agree not to allow the animal to breed and to spay or neuter any unaltered animal in accordance with the terms of the Sterilization Contract.
7. I agree to notify the shelter if I decide at any time that I can no longer keep the animal.
8. I understand that the shelter cannot guarantee the health, temperament, or training of the above-described animal and hereby agree to release them from all liability once the animal is in my possession.
9. I understand that I may have to give up custody of a stray animal if it is claimed within 30 days of my adoption by the former owner.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing adoption agreement and that I will comply with the same.

\_\_\_\_\_  
Client/Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

## ADOPTION REQUEST

### CLIENT INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_

### ANIMAL SPECIFICATIONS:

Breed desired: \_\_\_\_\_

Sex:  Male  Female

Age preference: \_\_\_\_\_

Color preference: \_\_\_\_\_

Needs to be good with children?  Yes  No

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there an Adoption Consultation Form on file?  Yes  No

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### FOLLOW UP

<u>DATE</u>	<u>ANIMAL ID #</u>	<u>RESULT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ADOPTION HOLD AGREEMENT

### ADOPTER INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_

### IMPORTANT – READ BEFORE SIGNING

1. I hereby acknowledge placing an adoption prepayment of \$ \_\_\_\_\_ with \_\_\_\_\_.
2. I agree to return to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_ am/pm to complete the adoption procedure. The shelter agrees to hold the animal (Animal ID # \_\_\_\_\_) until that time, for my adoption.
3. I fully understand that this adoption is conditional, and I will receive a full refund if the above animal is returned to its original owner or deemed unadoptable by the Shelter (for reasons of health or temperament) before the above date.
4. I agree to forfeit my deposit to the Shelter if I do not return by the above date and complete the adoption procedure.
5. I have read this section. I have had it explained to me, and I completely understand and accept the rights and obligations involved.

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Staff or Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## HOLD FOR FINDER AGREEMENT

If this animal is a stray, we are required by law to hold it for \_\_\_\_\_ days to allow time for the owner to claim it, unless for humane reasons, it must be euthanized. If you would like to be considered for adoption of this animal if it is not claimed, we will hold it exclusively for you for an additional 24 hours for a non-refundable fee of \$ \_\_\_\_\_, payable now. It is your responsibility to apply in person for adoption of this animal at the \_\_\_\_\_ shelter no later than \_\_\_\_\_ am/pm on the following date: \_\_\_\_\_ .

### ADOPTER INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_

\_\_\_\_\_  
Staff or Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## DOG BEHAVIOR PROFILE

**DOG'S NAME** \_\_\_\_\_

**BREED** \_\_\_\_\_

**SEX**

- Male  Female  
 Neutered  Spayed

**CURRENT AGE** \_\_\_\_\_

### ABOUT YOUR DOG'S HISTORY

How old was your dog when you obtained him? \_\_\_\_\_

From where did you obtain the dog?

- Found/stray  Previous owner  Rescue Group  Breeder  Bred at home  
 Shelter (name) \_\_\_\_\_  Pet store (name) \_\_\_\_\_

### ABOUT YOUR DOG'S HEALTH

Has your dog been to a veterinarian in the past year?  Yes  No

Is your dog current on its vaccinations?  Yes  No

Please provide the name, address, and phone number of your veterinarian:

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Does your dog have any medical problems?  Yes (check all that apply)  No

- Allergies\*  Arthritis  Conjunctivitis  Diabetes  Epilepsy or seizures  
 Giardia or diarrhea  Heart murmur  Hip dysplasia  Kennel cough  Organ failure  
 Thyroid  Tumors  Other\*

\*For allergies or other, please explain:

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What medications is your dog currently taking?

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### ABOUT YOUR DOG'S HABITS AND BEHAVIORS

Where does your dog spend the day?

- Inside, unconfined  Inside, confined to a room  Inside, confined in a crate  
 Outside, unconfined  Outside, in fenced yard or dog run  Outside, on rope or chain lead  
 Garage or basement  At doggie daycare  At work, with owner  
 Other: \_\_\_\_\_

How many hours per day is your dog alone? \_\_\_\_\_

Where does your dog spend the night?

- Inside, unconfined       Inside, confined to a room       Inside, confined in a crate  
 Outside, unconfined       Outside, in fenced yard or dog run       Outside, on rope or chain lead  
 Garage or basement       Other: \_\_\_\_\_

What is your dog's exercise routine?

- Run/long walks daily       Short walks daily  
 Run/long walks weekly with short walks daily  
 Spends time in yard, no walks necessary       Lap dog  
 Other: \_\_\_\_\_

Has your dog ever had experience with children?       Yes       No

- Lived with children      Ages: \_\_\_\_\_  
Regularly visited by children      Ages: \_\_\_\_\_  
Infrequent contact with children      Ages: \_\_\_\_\_  
No experience with children  
Negative experience with children (please explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend your dog be placed in a home with children?

- Yes, any ages of children  
 Yes, but only children older than \_\_\_\_\_  
 No

What brand of dog food does your dog eat? \_\_\_\_\_

How much does your dog eat? \_\_\_\_\_

When does your dog eat? \_\_\_\_\_

Is your dog housetrained?

- Yes       No:       has occasional accidents       has frequent accidents

Under what circumstances might your dog have an accident?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been through any obedience training?       Yes (check all that apply)       No

- Puppy class       Beginner obedience       Agility       Service training       Guard training  
 Home training       Other: \_\_\_\_\_

What commands does your dog know?

- Sit       Stay       Down       Speak       Shake  
 Roll over       Heel       Other: \_\_\_\_\_

Has your dog ever been introduced to a crate?       Yes       No

Has your dog ever escaped from your yard?  Yes (check all that apply)  No

Door dashed  Broke fence or gate  Chewed or broke rope or chain

Jumped or climbed over fence (indicate height and type of fence): \_\_\_\_\_

Has your dog ever shown any of the following behaviors?

Baring teeth  Lunging  Nipping  Snapping  Aggression

None

Other: \_\_\_\_\_

Has your dog ever bitten someone and broken the skin?  Yes  No

Has your dog ever shown any aggressive, dominant, or fearful behaviors towards other animals (dogs, cats, wildlife, etc.)?  Yes  No

(If yes, please fill out the supplemental profile)

Would you recommend your dog be placed in a home with other animals?

Any animals  Other dogs  Cats  Small animals  No other animals

Does your dog have any fears?  Yes (check all that apply)  No

Water  Vacuums  Loud noises  Thunder/lightning

Other: \_\_\_\_\_

What does your dog do when frightened?

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Does your dog have any behavioral issues?  Yes (check all that apply)  No

Chewing  Digging  Excessive barking  Food protection/aggression  Toy protection/aggression

Chronic escaping  Other: \_\_\_\_\_

Exhibits these behaviors:

Only when alone  Only when you're home  Always  Other: \_\_\_\_\_

For how many hours is your dog comfortable being alone? \_\_\_\_\_

What are your dog's favorite toys and activities?

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Please use the space below for any additional information you would like to share about your dog.

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## CAT BEHAVIOR PROFILE

CAT'S NAME \_\_\_\_\_

BREED \_\_\_\_\_

SEX

- Male  Female  
 Neutered  Spayed

CURRENT AGE \_\_\_\_\_

DECLAWED?

- Front only  All four  
 Rear only  Not declawed

### ABOUT YOUR CAT'S HISTORY

How old was your cat when you obtained him? \_\_\_\_\_

From where did you obtain the cat?

- Found/stray  Previous owner  Rescue Group  Breeder  Bred at home  
 Shelter (name) \_\_\_\_\_  Pet store (name) \_\_\_\_\_

### ABOUT YOUR CAT'S HEALTH

Has your cat been to a veterinarian in the past year?  Yes  No

Is your cat current on its vaccinations?  Yes  No

Please provide the name, address, and phone number of your veterinarian:

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Does your cat have any medical problems?  Yes (check all that apply)  No

- Allergies\*  Arthritis  Conjunctivitis  Diabetes  Epilepsy or seizures  
 Giardia or diarrhea  Heart murmur  Abscess or cuts  URI  Organ failure  
 Thyroid  Tumors  Other\*

\*For allergies or other, please explain:

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What medications is your cat currently taking?

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### ABOUT YOUR CAT'S HABITS AND BEHAVIORS

Where does your cat spend most of his time?

- Indoors only  Outdoors only  Indoors at night  
 In barn or shed  Indoors with access to outdoors  In garage or basement

Other: \_\_\_\_\_



Housetraining – check all that apply

- Uses a litterbox       Goes outdoors       Has occasional accidents  
 Has frequent accidents       Sprays

If your cat does not consistently use a litterbox, please fill out supplemental profile.

What kind of litter does your cat prefer? \_\_\_\_\_

What brand of cat food does your cat eat? \_\_\_\_\_

How much does your cat eat? \_\_\_\_\_

When does your cat eat? \_\_\_\_\_

Has your cat ever had experience with children?       Yes       No

Lived with children      Ages: \_\_\_\_\_

Regularly visited by children      Ages: \_\_\_\_\_

Infrequent contact with children      Ages: \_\_\_\_\_

No experience with children

Negative experience with children (please explain):

---

Would you recommend your cat be placed in a home with children?

- Yes, any ages of children  
 Yes, but only children older than \_\_\_\_\_  
 No

Has your cat ever lived with other animals?       Yes (check all that apply)       No

- Other cats only       Dogs only       Rodents

Would you recommend your cat be placed in a home with other animals?

- No       Other cats only       Dogs only       Small animals (specify) \_\_\_\_\_

Does your cat have any fears?

- Loud noises       Vacuums       Thunder       Strangers       Other: \_\_\_\_\_

What does your cat do when he's scared? \_\_\_\_\_

Has your cat ever bitten someone and broken the skin?       Yes       No      Date of last bite: \_\_\_\_\_

Does your cat have any behaviors for new adopters to work on?

- Nipping       Scratching people       Scratching rugs or furniture  
 Other: \_\_\_\_\_

What are your cat's favorite toys and activities?

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Please use the space below for any additional information you would like to share about your cat.

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## STRAY DOG INFORMATION SHEET

Did you give the animal a name?  Yes  No

If yes, what name did you give? \_\_\_\_\_

Is the dog good around other:

- Dogs  Cats  Other animals  
 Not around dogs  Not around cats  Not around other animals

Does the dog walk well on a leash?  Yes  No

Is the dog housebroken?  Yes  No  Unknown

Does the dog appear to have been obedience trained?  Yes  No

If yes, to what extent?

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Is the dog good with adults?  Yes  No

Please explain:

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Is the dog good with children?  Yes  No

Please explain:

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Does the dog bark frequently?  Yes  No

Is the dog:  Active  Quiet

Check the words that best describe the dog:

- Friendly  Noisy  Shy  Aloof  
 Fearful  Aggressive  Hyperactive

Other comments:

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C-1 Monthly Adoption Report

**A  
P  
P  
E  
N  
D  
I  
X  
  
C**



- D-1 Sterilization Contract
- D-2 Sterilization Contract Reminder  
Before Sterilization Due Date
- D-3 Sterilization Contract Reminder  
After Sterilization Due Date

# A P P E N D I X D

## STERILIZATION CONTRACT

Control No. \_\_\_\_\_ Sterilization No. \_\_\_\_\_ Microchip No. \_\_\_\_\_  
Adopter's Name \_\_\_\_\_  
Adopter's Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

---

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_  
Description \_\_\_\_\_  
Age \_\_\_\_\_ Sex:  Male  Female

---

### IMPORTANT – READ BEFORE SIGNING

1. I hereby acknowledge receiving the above described animal from \_\_\_\_\_ pursuant to the pet adoption agreement.
2. I agree to have the animal surgically sterilized by the following date: \_\_\_\_\_.
3. To guarantee the animal will be sterilized, I am placing a \$\_\_\_\_\_ surgical deposit with \_\_\_\_\_.
4. I understand that this payment will be refunded to me (or act as full or partial payment for sterilization of said animal) upon timely presentation of proof of sterilization by my own veterinarian (or cover the full or partial cost of the basic sterilization if done at \_\_\_\_\_.)
5. I understand that the adoption is conditional and not final until the animal described above is sterilized.
6. I further understand that failure to sterilize the adopted animal and provide proof within the time period specified will constitute a default under this agreement and the pet adoption agreement referred to above, and that \_\_\_\_\_ shall be entitled to immediate possession of such animal and I shall forfeit all amount paid to \_\_\_\_\_.
7. Finally, I agree to allow an agent of \_\_\_\_\_ to remove the animal from any premises occupied by me if the animal is not sterilized as agreed, and entry shall not constitute a trespass.

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Staff or Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## STERILIZATION CONTRACT REMINDER

### Postcard Friendly Reminder Before Sterilization Due Date

This card can be filled out by the adopter at the time of adoption. It gives the adopter something to do while the other adoption paperwork is being filled out. And, when it arrives in the mail it takes them by surprise because it is in their handwriting.

Dear \_\_\_\_\_,

The dog/cat, ID # \_\_\_\_\_ that was adopted by you on \_\_\_\_\_ is due to be spayed/neutered by the following date: \_\_\_\_\_.

If you have not yet made arrangements with a veterinarian to perform the required surgery, please do so as soon as possible.

If you have any questions, please call \_\_\_\_\_ and ask to speak to \_\_\_\_\_.

Thank you!



## STERILIZATION CONTRACT REMINDER

### Postcard Friendly Reminder After Sterilization Due Date

Double postcard with perforation. One card is addressed to the client with a reminder, and the second card is addressed to the agency for return from the client.

#### CARD ONE

Dear \_\_\_\_\_,

In the event you have not yet done so, it is now time to honor your agreement with \_\_\_\_\_ to have your pet spayed or neutered.

\_\_\_\_\_ takes in approximately \_\_\_\_\_ unwanted pets every year just in our local community. You CAN make a difference in alleviating the pet overpopulation problem by spaying or neutering your pet.

If you have had your pet spayed or neutered, please fill out the attached postcard with the information requested and mail it to us as soon as possible. If you have not yet spayed or neutered your pet, please make arrangements to do so IMMEDIATELY. Please remember you signed a contract agreeing to sterilize your pet at the time of adoption.

Thank you for your cooperation. Pet overpopulation is a national tragedy. Please don't be a part of the problem.

#### CARD TWO

(the first two items should be filled out in advance)

Date of Adoption: \_\_\_\_\_

Adoption Number: \_\_\_\_\_

No, my pet has not been sterilized  Yes, my pet has been sterilized. If yes:

Date: \_\_\_\_\_ Clinic or Veterinarian: \_\_\_\_\_

Your Signature: \_\_\_\_\_

**THANK YOU!**

- E-1 Animal Bite Report
- E-2 Animal Bite – Home  
Observation Agreement
- E-3 Cruelty Complaint
- E-4 Notice of Complaint
- E-5 Notice of Violation
- E-6 Notice of Impoundment
- E-7 Emergency Rescue Report

# A P P E N D I X E

## ANIMAL BITE REPORT

<p><b>CASE NUMBER</b></p> <hr style="width: 50%; margin: auto;"/>
---

Date of Report: \_\_\_\_\_

Date of Bite: \_\_\_\_\_

Time of Bite: \_\_\_\_\_  a.m.  p.m.

Reporting Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

---

**SECTION ONE – PERSON BITTEN INFORMATION**  
(if animal was bitten, use this space for the animal victim's owner information)

---

**Victim Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male  Female

**Name of Parent/Guardian:**

(if victim is a minor)

\_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**If Animal Victim:**

Species/breed: \_\_\_\_\_ Color/markings: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

Treating veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Rabies vaccine date: \_\_\_\_\_

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**SECTION TWO – BITE INFORMATION**

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Address or describe place where bite took place:

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Date of bite: \_\_\_\_\_ Time of bite: \_\_\_\_\_  a.m.  p.m.

Circumstances of attack:  Unprovoked  Provoked  Unintentionally provoked

Where on body bitten: \_\_\_\_\_

Was skin broken?  Yes  No

Was medical care obtained?  No  Yes, if so, please complete the following:

Date of visit: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Explain the circumstances of the bite incident or any previous bite incident:

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**SECTION THREE – OWNER INFORMATION**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

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**SECTION FOUR – ANIMAL INFORMATION**

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Species:  Dog  Cat  Other: \_\_\_\_\_

Name of animal: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex:  Male  Female  Unknown  Spayed/Neutered  Unknown

Location at the time of incident:  Indoors  Tethered  Leashed  Fenced  Loose

Any prior bite incidents?  No  Yes, please describe:

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Current rabies vaccination?  Yes  No  Unknown

Vaccination date: \_\_\_\_\_ Rabies tag number: \_\_\_\_\_

License number: \_\_\_\_\_ Microchip number: \_\_\_\_\_

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**SECTION FIVE – DISPOSITION**

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Quarantine date: \_\_\_\_\_ Quarantined by: \_\_\_\_\_

Quarantine location: \_\_\_\_\_

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Note: If quarantined at owner's home, attach an Animal Bite Home Observation Agreement.

Test recommended      Results:  Positive  Negative

Observation recommended      Results:  Positive  Negative

Final disposition:  Dead  Euthanized  RTO  Adopted

Victim notified:  In person  Phone  Mail  E-mail

I, the undersigned owner or person having control of the animal described in Section Four above, have received a copy of the quarantine guidelines, have read them, and understand them. I agree to comply with all the provisions of the quarantine guidelines and understand that noncompliance may result in the seizure of my pet if it is in home quarantine or loss of my pet if it is not properly claimed at the end of the quarantine period from the quarantining agency. I agree to notify the quarantining agency immediately should the described animal become sick, injured, lost, or die during the designated time period.

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date released: \_\_\_\_\_ Released by: \_\_\_\_\_

# ANIMAL BITE – HOME OBSERVATION AGREEMENT

COMPLAINT NO.  _____
----------------------------

Date of Report \_\_\_\_\_  
Date of Bite \_\_\_\_\_

## OWNER INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ EMail \_\_\_\_\_

1. My animal  has a current license and rabies vaccination, or  is under six months of age.
2. I agree to confine my animal to a building or pen that can be kept locked, in order to prevent contact with other people or animals.
3. If removed from the building or pen, I will keep my animal on a leash.
4. If my animal escapes, I will immediately notify animal control.
5. In the event my animal shows any symptoms of illness or dies, I will immediately turn it over to a veterinarian.
6. During the period of observation, I agree to permit examination of my animal by a veterinarian, as required by animal control.
7. After the tenth day of observation, I agree to permit examination of my animal by a veterinarian, as required by animal control.
8. Observation may be terminated by animal control only after an examination is made by a veterinarian following the tenth day of observation.
9. I understand any violation of this agreement will require my animal to be immediately placed with a veterinarian (or animal control facility) for the duration of the observation period, and I agree to do so.
10. I agree to pay any boarding and/or examination fees which may be incurred as a result of this agreement.

Date animal must be examined by a veterinarian: \_\_\_\_\_

I have read and agree to accept and abide by the above stated rules. If additional agreements are mandated by local law, I have been provided with a copy and additionally agree to accept and abide by them.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Animal Control Signature

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## VETERINARIAN STATEMENT

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This animal was examined by me on: \_\_\_\_\_

Condition of animal: \_\_\_\_\_

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Veterinarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CRUELTY COMPLAINT**

**COMPLAINT NO.**  
\_\_\_\_\_

Date of Report \_\_\_\_\_  
Time of Report \_\_\_\_\_  
Report Taken by \_\_\_\_\_

Officer Assigned \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Dispatcher \_\_\_\_\_

Complaint by  Phone  Letter  In person  Officer observation

Reporting person's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Location of violation \_\_\_\_\_

Suspect's Name \_\_\_\_\_

Suspect's Address \_\_\_\_\_

If suspect is a juvenile, approximate age \_\_\_\_\_

**NATURE OF COMPLAINT (please check all that apply):**

- w/o Food     w/o Water     w/o Shelter     Abandoned     Beaten
- Poisoning     Shooting     Trapping     Dogfighting     Cockfighting
- Other (explain) \_\_\_\_\_

**ANIMAL DESCRIPTION:**

Species	Breed	Color	Obvious injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REPORT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
REPORTING OFFICER SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE





**NOTICE OF COMPLAINT**

*Note: It is helpful to have this Notice of Complaint on cardstock, with a duplicate tear-off copy for your records, with a doorknob attachment opening.*

**CASE NUMBER**  
\_\_\_\_\_

Officer \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  a.m.  p.m.

**TO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ State/Zip: \_\_\_\_\_

**WARNING**

AN OFFICER FROM \_\_\_\_\_ VISITED YOUR RESIDENCE, BUT FOUND NO ONE AT HOME. THE PURPOSE OF THIS VISIT WAS AS FOLLOWS:

- A complaint has been received concerning alleged animal cruelty or neglect. *[Cite law here]*  
PLEASE CALL OUR OFFICE SO THAT THE MATTER MAY BE RESOLVED.
- A complaint has been received indicating that your dog may be violating the city/county leash law. *[Cite law here]*
- A bite report has been received indicating that your animal has bitten a person. IMMEDIATE arrangements must be made with this department for the quarantine of the animal in accordance with the law. *[Cite law here]*
- Rabies vaccination and licensing are required by law. *[Cite law here]* If your pet does not have a current license, you must obtain one for your pet by the following date: \_\_\_\_\_. Failure to comply WILL RESULT IN A FINE OF \$\_\_\_\_\_.

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**SHELTER INFORMATION**

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Shelter Name: \_\_\_\_\_  
Shelter Address: \_\_\_\_\_  
Shelter Phone: \_\_\_\_\_

**NOTICE OF VIOLATION**

<b>CASE NUMBER</b> _____
-----------------------------

Officer \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  a.m.  p.m.

**TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

**WARNING**

**THIS IS TO NOTIFY YOU THAT AN APPARENT VIOLATION HAS BEEN COMMITTED, AS DESCRIBED BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to give you the opportunity for voluntary compliance, corrective action is hereby requested within \_\_\_\_\_  hours  days, of the date stated below\*, for the following described animal(s):

Number and description of animal(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective action necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS VIOLATION IS NOT CORRECTED WITHIN THE TIME PERIOD SPECIFIED, LEGAL ACTION MAY BE TAKEN AGAINST YOU IN AN APPROPRIATE COURT.**

Served to: \_\_\_\_\_

\*Date: \_\_\_\_\_ Served by: \_\_\_\_\_

How served:  In person  Via mail

## NOTICE OF IMPOUNDMENT

*Note: It is helpful to have this Notice of Impoundment on cardstock, with a duplicate tear-off copy for your records, with a doorknob attachment opening.*

<p><b>CASE NUMBER</b></p> <hr style="width: 50%; margin: auto;"/>
---

Officer \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  a.m.  p.m.

**TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip: \_\_\_\_\_

### WARNING

**THIS IS TO NOTIFY YOU THAT A VIOLATION OF THE \_\_\_\_\_  
HAS RENDERED THE ANIMAL(S) IN SUCH A CONDITION THAT NO REMEDY OR  
CORRECTIVE ACTION BY THE OWNER IS POSSIBLE.**

**THEREFORE, THE \_\_\_\_\_ HAS AUTHORIZED THE  
FOLLOWING SOCIETY OR ANIMAL CONTROL AGENCY TO IMPOUND THE ANIMAL(S)  
DESCRIBED BELOW.**

Humane society or animal control:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Number and description of animal(s):

\_\_\_\_\_

\_\_\_\_\_

Authority for the impoundment has been granted to us by the following law:

\_\_\_\_\_

Please contact \_\_\_\_\_ for information regarding the impounded  
animal(s).

\_\_\_\_\_

Served/delivered to: \_\_\_\_\_

Date: \_\_\_\_\_ Served by: \_\_\_\_\_

# EMERGENCY RESCUE REPORT

Date \_\_\_\_\_ Report taken by \_\_\_\_\_  
Time \_\_\_\_\_ Time dispatched \_\_\_\_\_  
Driver \_\_\_\_\_

Caller \_\_\_\_\_ Phone \_\_\_\_\_

Exact location of animal: \_\_\_\_\_

Directions and cross streets: \_\_\_\_\_

Dog  Cat  Other: \_\_\_\_\_

Animal description: \_\_\_\_\_

Stray  Owned (if owned, who is owner?) \_\_\_\_\_

Confined?  No  Yes (where?) \_\_\_\_\_

Can animal walk?  No  Yes

Will caller stay until rescue arrives?  No  Yes

---

## THIS SECTION FOR RESCUE DRIVER

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Type of animal:  Dog  Cat  Other: \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Approximate Age \_\_\_\_\_

Collar \_\_\_\_\_ Tags \_\_\_\_\_

Animal was:  Rescued  Not located  DOA

If injured, general appearance: \_\_\_\_\_

Control/intake no.: \_\_\_\_\_

---

## THIS SECTION FOR TECHNICIAN/VETERINARIAN

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Comments: \_\_\_\_\_

Disposition:  DOA  To shelter  Euthanized (reason): \_\_\_\_\_

Special instructions: \_\_\_\_\_

- F-1 Animal Intake
- F-2 Animal Intake  
Kennel Card Copy
- F-3 Wildlife Animal Intake

**A  
P  
P  
E  
N  
D  
I  
X  
  
F**

**ANIMAL INTAKE**

**CASE NO.**  
\_\_\_\_\_  
*Please refer to this number on all inquiries.*

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Received by \_\_\_\_\_

Source     Stray     Owner surrendered     Animal control     Rescue

If owner surrendered, owner's consent for euthanasia (owner's initials) \_\_\_\_\_

Reason for surrender: \_\_\_\_\_

If stray, where found: \_\_\_\_\_

Dog     Puppy     Cat     Kitten     Other: \_\_\_\_\_

Male     Female     Neutered     Spayed    Age(s): \_\_\_\_\_

No. of puppies/kittens: \_\_\_\_\_ Total no. of animals: \_\_\_\_\_

Breed: \_\_\_\_\_ Name(s): \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Remarks: \_\_\_\_\_

Has this animal bitten anyone within the last ten days?     Yes     No    If yes, date: \_\_\_\_\_

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**SURRENDER STATEMENT (PLEASE READ BEFORE SIGNING)**

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1. I can no longer care for this animal(s) and by leaving this animal(s) with \_\_\_\_\_ ("Shelter"), I am relinquishing all rights of ownership.
2. I understand that by relinquishing ownership rights to this animal(s), I will not be able to determine its final disposition. I do understand, however, that the Shelter does not sell animals for research. I understand that the animal(s) I give up will either be placed in a new home or humanely euthanized.
3. I agree that neither the Shelter nor its employees will incur any obligation to me regarding such disposition of said animal(s).
4. In this regard, I understand that the Shelter receives more than \_\_\_\_\_ animals each week, and whereas approximately \_\_\_\_\_ % of these animals are adopted, the rest are euthanized. The Shelter can make no guarantee that any animal(s) will either be put up for adoption or adopted.
5. I understand that if I seek to reclaim this animal, I may have to go through the normal adoption procedures.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Owner     Finder    Signature: \_\_\_\_\_

Donation Amount (donations are tax deductible to the extent permitted by law):    \$ \_\_\_\_\_

Disposition:     Euthanized     RTO     Adopted, date: \_\_\_\_\_

**ANIMAL INTAKE – KENNEL CARD COPY**

<b>CASE NO.</b>  _____
------------------------------

*Please refer to this number on all inquiries.*

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Received by \_\_\_\_\_

Source     Stray     Owner surrendered     Animal control     Rescue

If owner surrendered, owner's consent for euthanasia (owner's initials) \_\_\_\_\_

Reason for surrender: \_\_\_\_\_

If stray, where found: \_\_\_\_\_

Dog     Puppy     Cat     Kitten     Other: \_\_\_\_\_  
 Male     Female     Neutered     Spayed    Age(s): \_\_\_\_\_

No. of puppies/kittens: \_\_\_\_\_ Total no. of animals: \_\_\_\_\_

Breed: \_\_\_\_\_ Name(s): \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Remarks: \_\_\_\_\_

Has this animal bitten anyone within the last ten days?     Yes     No    If yes, date: \_\_\_\_\_

**PHYSICAL EXAM**

Eyes _____	Ears _____
Coat _____	Gum Color _____
Teeth _____	Temperature _____
Temperament _____	Weight _____
HWC/FeLV _____	Fecal _____
Other: _____	

**MEDICAL HISTORY**

Canine/feline inoculation:	Type _____	Date _____
Rabies vaccination:	Type _____	Date _____
Heartworm test:	Results _____	Date _____
Feline leukemia test:	Results _____	Date _____
Fecal check:	Results _____	Date _____
Worming medication:	Medication _____	Date _____

Recommended for adoption?     Yes     No    If no, why? \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WILDLIFE ANIMAL INTAKE

<b>CASE NO.</b>  _____
<i>Please refer to this number on all inquiries.</i>

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Received by \_\_\_\_\_

Species \_\_\_\_\_ Where found? \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Young \_\_\_\_\_ Total Number \_\_\_\_\_

Condition  Orphaned  Injured  Live-trapped  Dead

Have animals been fed anything?  Yes  No If yes, what? \_\_\_\_\_

Remarks: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature: \_\_\_\_\_

Donation Amount (donations are tax deductible to the extent permitted by law): \$ \_\_\_\_\_

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### FOR VETERINARY/VOLUNTEER USE ONLY

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Date seen by veterinarian \_\_\_\_\_ Differential diagnosis \_\_\_\_\_

Chilled  Dehydrated  Broken limb: \_\_\_\_\_

Other: \_\_\_\_\_

#### **TESTS PERFORMED**

X-Ray: Type \_\_\_\_\_ Results \_\_\_\_\_

Lab Tests: Type \_\_\_\_\_ Results \_\_\_\_\_

Fecal: Type \_\_\_\_\_ Results \_\_\_\_\_

Other: Type \_\_\_\_\_ Results \_\_\_\_\_

Prognosis: \_\_\_\_\_

Treatment & recommendations: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Recheck date(s) & comments: \_\_\_\_\_

Examiner's name: \_\_\_\_\_ Date: \_\_\_\_\_

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### DISPOSITION

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Given to wildlife rehabilitator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to veterinarian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Released  Died  Euthanized (list reason): \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- G-1 Lost Dog Report
- G-2 Found Dog Report
- G-3 Lost Cat Report
- G-4 Found Cat Report

# A P P E N D I X G

# LOST DOG REPORT

**DATE LOST** \_\_\_\_\_ **DATE REPORT FILED** \_\_\_\_\_

**WHERE LOST** (city & state) \_\_\_\_\_

**CROSS STREETS** \_\_\_\_\_

**DOG'S NAME** \_\_\_\_\_

**BREED** \_\_\_\_\_ **AGE** \_\_\_\_\_

**SEX**             Male                       Female  
                      Neutered                 Spayed

**COLORING:** (describe in detail, including scars or unusual marks)

**EYE COLOR** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**FUR:**

Length             Short             Medium             Long  
 Texture            Straight         Wiry                 Curly                 Wavy  
 Appearance       Smooth          Shaggy             Matted             Clipped  
**EARS**             Droop             Semi-erect         Erect                 Folded             Cropped

**TAIL:**

Length             Short             Long                 Stub                 No tail  
 Type                 Hangs down       Bushy                 Curls over back

**SIZE**                 Toy                 Small                 Medium             Large

**BUILD**              Slender             Medium             Stocky              Overweight

**TEMPERAMENT**  Friendly             Reserved             Shy                  Aggressive

**TATTOOED**         Yes             No            If yes, where? \_\_\_\_\_

**MICROCHIPPED**  Yes             No            If yes:  
 ID, if known \_\_\_\_\_  
 Company, if known \_\_\_\_\_

**COLLAR STYLE**    Chain             Leather             Nylon                 Plastic             Flea

**COLLAR COLOR**    Black             Brown             White                 Tan                 Blue  
                            Red                 Yellow             Pink                 Other: \_\_\_\_\_

**TAGS**                State or county \_\_\_\_\_ Year \_\_\_\_\_  
 ID \_\_\_\_\_  Rabies     Other: \_\_\_\_\_

**Owner Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

## FOLLOW UP

DATE	POSSIBLE MATCHES	CALLS	OUTCOME

# FOUND DOG REPORT

**DATE FOUND** \_\_\_\_\_ **DATE REPORT FILED** \_\_\_\_\_

**WHERE FOUND** (city & state) \_\_\_\_\_

**CROSS STREETS** \_\_\_\_\_

**BREED** \_\_\_\_\_ **AGE** \_\_\_\_\_

**SEX**             Male                       Female  
                      Neutered                 Spayed

**COLORING:** (describe in detail, including scars or unusual marks)  
 \_\_\_\_\_  
 \_\_\_\_\_

**EYE COLOR** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**FUR:**

Length             Short             Medium             Long  
 Texture            Straight         Wiry                 Curly                 Wavy  
 Appearance       Smooth           Shaggy             Matted               Clipped  
**EARS**             Droop             Semi-erect         Erect                 Folded             Cropped

**TAIL:**

Length             Short             Long                 Stub                 No tail  
 Type                Hangs down     Bushy               Curls over back

**SIZE**               Toy                 Small                Medium             Large

**BUILD**             Slender            Medium             Stocky              Overweight

**TEMPERAMENT**  Friendly           Reserved           Shy                  Aggressive

**TATTOOED**       Yes                 No                If yes, where? \_\_\_\_\_

**MICROCHIPPED**  Yes                 No                If yes: \_\_\_\_\_

ID, if known \_\_\_\_\_

Company, if known \_\_\_\_\_

**COLLAR STYLE**  Chain             Leather             Nylon                Plastic             Flea

**COLLAR COLOR**  Black             Brown             White                Tan                  Blue  
                           Red                 Yellow             Pink                  Other: \_\_\_\_\_

**TAGS**             State or county \_\_\_\_\_ Year \_\_\_\_\_

ID \_\_\_\_\_  Rabies     Other: \_\_\_\_\_

**Finder Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

## FOLLOW UP

DATE	POSSIBLE MATCHES	CALLS	OUTCOME

# LOST CAT REPORT

**DATE LOST** \_\_\_\_\_ **DATE REPORT FILED** \_\_\_\_\_

**WHERE LOST** (city & state) \_\_\_\_\_

**CROSS STREETS** \_\_\_\_\_

**CAT'S NAME** \_\_\_\_\_

**BREED** \_\_\_\_\_ **AGE** \_\_\_\_\_

**SEX**             Male             Female  
                    Neutered        Spayed

**COLORING:** (describe in detail, including scars or unusual marks)  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUR**             Short             Medium        Long

**EYE COLOR**    Blue             Brown        Green        Yellow  
 Other \_\_\_\_\_

**TAIL**             Short             Long             Stub             No tail

**SIZE**             Small             Medium        Large        Overweight

**TEMPERAMENT**  Friendly        Reserved       Shy             Aggressive

**TATTOOED**     Yes             No    If yes, where? \_\_\_\_\_

**MICROCHIPPED**  Yes             No    If yes:  
 ID, if known \_\_\_\_\_  
 Company, if known \_\_\_\_\_

**COLLAR STYLE**  Cloth             Leather        Nylon        Plastic        Flea

**COLLAR COLOR**  Black             Brown        White        Tan             Blue  
 Red             Yellow        Pink        Other: \_\_\_\_\_

**TAGS**            State or county \_\_\_\_\_ Year \_\_\_\_\_  
 ID \_\_\_\_\_  Rabies     Other: \_\_\_\_\_

**Owner Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

## FOLLOW UP

DATE	POSSIBLE MATCHES	CALLS	OUTCOME

## FOUND CAT REPORT

**DATE FOUND** \_\_\_\_\_ **DATE REPORT FILED** \_\_\_\_\_

**WHERE FOUND** (city & state) \_\_\_\_\_

**CROSS STREETS** \_\_\_\_\_

**CAT'S NAME** \_\_\_\_\_

**BREED** \_\_\_\_\_ **AGE** \_\_\_\_\_

**SEX**             Male             Female  
                    Neutered         Spayed

**COLORING:** (describe in detail, including scars or unusual marks)  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUR**             Short             Medium             Long

**EYE COLOR**     Blue             Brown             Green             Yellow  
                    Other \_\_\_\_\_

**TAIL**             Short             Long             Stub             No tail

**SIZE**             Small             Medium             Large             Overweight

**TEMPERAMENT**  Friendly         Reserved         Shy             Aggressive

**TATTOOED**     Yes             No    If yes, where? \_\_\_\_\_

**MICROCHIPPED**  Yes             No    If yes:  
 ID, if known \_\_\_\_\_  
 Company, if known \_\_\_\_\_

**COLLAR STYLE**  Cloth             Leather             Nylon             Plastic             Flea

**COLLAR COLOR**  Black             Brown             White             Tan             Blue  
                    Red             Yellow             Pink             Other: \_\_\_\_\_

**TAGS**            State or county \_\_\_\_\_ Year \_\_\_\_\_  
 ID \_\_\_\_\_  Rabies     Other: \_\_\_\_\_

**Finder Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

### FOLLOW UP

DATE	POSSIBLE MATCHES	CALLS	OUTCOME

- H-1 Legal and Record-Keeping Requirements (Federal)
- H-2 Controlled Substance Use Log
- H-3 Controlled Substance Inventory Record

# A P P E N D I X H

## LEGAL AND RECORD-KEEPING REQUIREMENTS (FEDERAL)

TOPIC	<b>FEDERAL REQUIREMENTS: Title 21, Chapter II of the <i>Code of Federal Regulations</i> (CFR), Part 1300-end</b>
Security storage of controlled substances	“Securely locked, substantially constructed cabinet” or a “safe”
Inspection/enforcement agency	Drug Enforcement Administration, an agency of the federal government
Security storage of non-controlled substances	Not mentioned
Records use – for each use, you must record	1. Date 2. Amount used 3. Identification of person administering (signature, name or initials)
Purchase records (222-C and original invoices)	Keep order forms and invoices locked
Inventory records – written list of all on-hand controlled substances	Biennial (every two years) during registration renewal month
Records retention	Two years
Who may legally euthanize	Not mentioned
Responsible person	DEA-licensed veterinarian either on staff at the animal shelter or who provides sodium pentobarbital under “satellite” registration. “Off-site” registration means the veterinarian has registered with the DEA at the animal shelter location (separate from his/her clinic registration). Controlled substances must be shipped directly to the animal shelter by common carrier.
Outdated, unwanted, or obsolete controlled substances	DEA Form 41 and send to Reverse Distributor
Theft or significant loss	DEA Form 106 and notify DEA Field Division Office
Computerized record-keeping	Approved as long as hard copy of records is available upon request
Certification/length/recertification required	Not mentioned
Pre-euthanasia drugs	Not mentioned
Vehicle transport of controlled substances	Not mentioned
Approved routes of administration	Not mentioned
Approved drugs	Not mentioned









- I-1 Animal Shelter – Monthly Report
- I-2 Monthly Bite Report
- I-3 Animal Control Officer/  
Rescue Driver Call Log
- I-4 Driver’s Daily Vehicle  
Condition Report
- I-5 Customer Service Feedback  
Card
- I-6 Donation Receipt

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## ANIMAL SHELTER – MONTHLY REPORT

Month & Year: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 1. SHELTER ACTIVITY

		DOGS		CATS		OTHER	TOTAL
		Adults	Puppies	Adults	Kittens	Type	
<b>On Hand (begin reporting period)</b>							
Received:	Stray						
	Relinquished						
	D.O.A.						
Placed/adopted							
Returned to owner							
Euthanized							
Purebred animals received						N/A	
Other (died, escaped, etc.)							
<b>On Hand (end reporting period)</b>							
Spayed animals received							
Neutered animals received							
Animals received w/tags: (at shelter)	Rabies tag					N/A	
	License tag					N/A	
	Microchip					N/A	

### 2. PATROL ACTIVITIES IN THE FIELD

# of person hours spent on patrol this month	
# of calls responded to this month	
# of vehicles used this month	

### 3. CITATIONS

	Cruelty, neglect, etc.	At large, license, etc.
# issued		
# of convictions		
Average fine per conviction	\$	\$

### 4. # OF BITE INCIDENTS PER BREED THIS MONTH

Breed	Breed	Breed	Breed	Cat	Other (specify)
# of bites:	# of bites:	# of bites:	# of bites:	# of bites:	# of bites:

### 5. PUBLIC EDUCATION/AWARENESS PROGRAMS

	Monthly Total	# of Attendees
School presentations		
Adult presentations		
Shelter tours		
Pet facilitated therapy sessions		
Radio talk shows and/or news		
TV talk shows and/or news		
Newspaper articles		
Other (please specify)		



## ANIMAL CONTROL OFFICER/RESCUE DRIVER CALL LOG

Date \_\_\_\_\_ Mileage start \_\_\_\_\_  
 Driver \_\_\_\_\_ Mileage end \_\_\_\_\_  
 Vehicle \_\_\_\_\_ Total mileage \_\_\_\_\_

Time Received	Time Dispatched	Time Responded	Time Clear	Call No.	Location	Type	Action	Legal

Total Calls \_\_\_\_\_

**Animals impounded:**  
 Dogs \_\_\_\_\_  
 Cats \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

**Legal:**  
 Citations \_\_\_\_\_  
 Warnings \_\_\_\_\_  
 Licenses \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

# DRIVER'S DAILY VEHICLE CONDITION REPORT

Date \_\_\_\_\_ Mileage start \_\_\_\_\_  
Driver \_\_\_\_\_ Mileage end \_\_\_\_\_  
Vehicle \_\_\_\_\_ Total mileage \_\_\_\_\_

## VEHICLE

Lights  OK  Needs repair: \_\_\_\_\_  
Radios  OK  Needs repair: \_\_\_\_\_  
Horn  OK  Needs repair: \_\_\_\_\_  
Water/oil  OK  Needs repair: \_\_\_\_\_  
Tires  OK  Needs repair: \_\_\_\_\_  
Wipers  OK  Needs repair: \_\_\_\_\_  
Battery  OK  Needs repair: \_\_\_\_\_  
Other  OK  Needs repair: \_\_\_\_\_

## EMERGENCY

Spare tire  OK Comments: \_\_\_\_\_  
Emergency lights  OK Comments: \_\_\_\_\_  
Jack/tire iron  OK Comments: \_\_\_\_\_  
Flares  OK Comments: \_\_\_\_\_  
First aid kit  OK Comments: \_\_\_\_\_  
Fire extinguisher  OK Comments: \_\_\_\_\_  
Jumper cables  OK Comments: \_\_\_\_\_

## FIELD EQUIPMENT

Carrying cages  OK Comments: \_\_\_\_\_  
Traps  OK Comments: \_\_\_\_\_  
Stretcher  OK Comments: \_\_\_\_\_  
Control stick  OK Comments: \_\_\_\_\_  
Ropes  OK Comments: \_\_\_\_\_  
Gloves  OK Comments: \_\_\_\_\_  
Blankets  OK Comments: \_\_\_\_\_  
Maps/pens  OK Comments: \_\_\_\_\_  
Intake forms  OK Comments: \_\_\_\_\_

## MECHANICAL DEFECTS:

\_\_\_\_\_  
\_\_\_\_\_

## DAMAGE:

\_\_\_\_\_  
\_\_\_\_\_

## OTHER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

## CUSTOMER SERVICE FEEDBACK CARD

*This is a pre-addressed postcard to encourage customer feedback on shelter services. Organization name, address and logo should be prominently featured at the top.*

Please help us improve our service by answering these questions to the best of your ability and mailing this postcard at your earliest convenience.

**Department visited/called:**

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Adoptions   | <input type="checkbox"/> Cruelty Investigations | <input type="checkbox"/> Emergency Rescue | <input type="checkbox"/> Education      |
| <input type="checkbox"/> Shelter     | <input type="checkbox"/> Veterinary Clinic      | <input type="checkbox"/> Animal Control   | <input type="checkbox"/> Lost and Found |
| <input type="checkbox"/> Other _____ |   |   |   |

**Name of person who assisted you:** \_\_\_\_\_

**Were you helped in a timely and courteous manner?**  Yes  No

Comments: \_\_\_\_\_

**How would you rate the overall quality of our service?**  Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

**Additional comments or suggestions:** \_\_\_\_\_

**Optional:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## DONATION RECEIPT

*The organizational name, address and logo should be prominently featured on this receipt. Additionally, an appealing drawing and/or message should be considered. Check-off categories can easily be customized for the needs of your shelter. This receipt should be generated in duplicate, with one copy for the donor and one copy for the shelter, to be filed with the daily cash report. If donation receipts are computer-generated, a thank you letter for contributions over a certain amount can be automatically generated.*

### Thank you for your thoughtful donation!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Staff: \_\_\_\_\_

In-kind donation (please list items):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership (level): \_\_\_\_\_

Donation only: \_\_\_\_\_

We exist through the support of memberships and donations. We receive no funding from the city, county, state, or United Fund.

**Your contribution and support are greatly appreciated!**  
**Donations are tax deductible to the extent permitted by law.**