

Operational Guide

Record Keeping



AMERICAN HUMANE

Protecting Children & Animals Since 1877

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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
www.animalshelternet.com

ARK Shelter Software

6556 Willowick Road
Findlay, OH 45840
1-800-543-3647
E-mail: info@arksoftware.com
www.arksoftware.com

Business Computing

2418 Via Bonita
Carrollton, TX 75006
972-417-1050
www.youramerica.net

HLP, Inc./Chameleon© Software Products

3271 Falkland Circle
Huntington Beach, CA 82649
1-800-459-8376
E-mail: sales@ChameleonBeach.com
www.chameleonbeach.com

Island Business Group

P.O. Box 362
Center Moriches, NY 11934
631-288-6031
E-mail: info@islandbusinessgroup.com
www.islandbusinessgroup.com

Multiple Options, Inc.

P.O. Box 9507
Providence, RI 02940
E-mail: sales@multiop.com
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
www.petpoint.com

RoseRush Services, LLC.

P.O. Box 8726
The Woodlands, TX 77387
936-273-1904
E-mail: wbduncan@wt.net
www.shelterpro.com

Shelter Buddy Software

600 Townsend Street, # 120E
San Francisco, CA 94103
415-622-0013
E-mail: enquiries@shelterbuddy.com
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.

- 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.

PLEASE PROVIDE THE FOLLOWING INFORMATION

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?

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

No YES (please describe):

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?

PUPPY OR DOG ADOPTIONS ONLY

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: _____

KITTEN OR CAT ADOPTIONS ONLY

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?)

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?

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> House training | <input type="checkbox"/> Indoors vs. outdoors | <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Chewing |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Crate training | <input type="checkbox"/> Exercise requirements | <input type="checkbox"/> Pets & children |
| <input type="checkbox"/> Obedience training | <input type="checkbox"/> Escaping | <input type="checkbox"/> Introducing to other animals | <input type="checkbox"/> Disaster preparation |
| <input type="checkbox"/> Lease/license laws | <input type="checkbox"/> Heartworms | <input type="checkbox"/> Vaccinations | <input type="checkbox"/> 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

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

IMPORTANT – READ BEFORE SIGNING

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

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:

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:

What medications is your dog currently taking?

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?

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?

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

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:

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:

What medications is your cat currently taking?

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?

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

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?

Is the dog good with adults? Yes No

Please explain:

Is the dog good with children? Yes No

Please explain:

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:

C-1 Monthly Adoption Report

**A
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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

CASE NUMBER _____

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: _____

SECTION TWO – BITE INFORMATION

Address or describe place where bite took place:

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:

SECTION THREE – OWNER INFORMATION

Name: _____

Address: _____

City/ State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Male Female

SECTION FOUR – ANIMAL INFORMATION

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:

Current rabies vaccination? Yes No Unknown

Vaccination date: _____ Rabies tag number: _____

License number: _____ Microchip number: _____

SECTION FIVE – DISPOSITION

Quarantine date: _____ Quarantined by: _____

Quarantine location: _____

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: _____

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 \$_____.

SHELTER INFORMATION

Shelter Name: _____

Shelter Address: _____

Shelter Phone: _____

NOTICE OF VIOLATION

CASE NUMBER

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>CASE NUMBER</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

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

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

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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: _____

SURRENDER STATEMENT (PLEASE READ BEFORE SIGNING)

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

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

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

CASE NO. _____
<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): \$ _____

FOR VETERINARY/VOLUNTEER USE ONLY

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: _____

DISPOSITION

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	FEDERAL REQUIREMENTS: Title 21, Chapter II of the <i>Code of Federal Regulations</i> (CFR), Part 1300-end
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	
On Hand (begin reporting period)							
Received:	Stray						
	Relinquished						
	D.O.A.						
Placed/adopted							
Returned to owner							
Euthanized							
Purebred animals received						N/A	
Other (died, escaped, etc.)							
On Hand (end reporting period)							
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:					

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)		

DRIVER'S DAILY VEHICLE CONDITION REPORT

Date _____ Mileage start _____
Driver _____ Mileage end _____
Vehicle _____ Total mileage _____

VEHICLE

Lights	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Radios	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Horn	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Water/oil	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Tires	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Wipers	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Battery	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____
Other	<input type="checkbox"/> OK	<input type="checkbox"/> Needs repair:	_____

EMERGENCY

Spare tire	<input type="checkbox"/> OK	Comments:	_____
Emergency lights	<input type="checkbox"/> OK	Comments:	_____
Jack/tire iron	<input type="checkbox"/> OK	Comments:	_____
Flares	<input type="checkbox"/> OK	Comments:	_____
First aid kit	<input type="checkbox"/> OK	Comments:	_____
Fire extinguisher	<input type="checkbox"/> OK	Comments:	_____
Jumper cables	<input type="checkbox"/> OK	Comments:	_____

FIELD EQUIPMENT

Carrying cages	<input type="checkbox"/> OK	Comments:	_____
Traps	<input type="checkbox"/> OK	Comments:	_____
Stretcher	<input type="checkbox"/> OK	Comments:	_____
Control stick	<input type="checkbox"/> OK	Comments:	_____
Ropes	<input type="checkbox"/> OK	Comments:	_____
Gloves	<input type="checkbox"/> OK	Comments:	_____
Blankets	<input type="checkbox"/> OK	Comments:	_____
Maps/pens	<input type="checkbox"/> OK	Comments:	_____
Intake forms	<input type="checkbox"/> 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.