



Pet Intake Form

Date _____

Partner shelter _____

Owner Profile (*Please Print*)

Owner name _____

Owner phone number _____

Owner permanent address _____

Backup contact name (Cannot be
assailant) _____

Relationship to backup contact _____

Backup contact phone number _____

Pet Profile (*Document each pet separately*)

Pet name _____

Other names your pet responds to _____

Estimated date you will take the pet
back _____

Species _____ Breed _____

Sex _____ Color _____

Age _____ Weight _____

Has the animal been threatened, harmed, or neglected by your assailant? _____

Dietary Information

Pet food _____ Feeding _____

Any dietary
concerns/
allergies _____ Any
supplements _____

Behavioral Information

If boarding more than one pet, can some/all animals be boarded
in the same enclosure? If so, please specify which ones. _____

Does your pet show aggression or fear towards any of the following? Please circle which ones.

Other dogs Other cats Other animals Children Women Men Beards Hats Loud noises Other: _____

Any special commands your pet understands?

What command do you use for going potty? _____

Health Information

Current veterinarian (if safe to contact) _____

Phone number _____

Do you routinely bring the pet to a veterinary clinic for check up? _____

Vaccinations: Please note as much information as you can recall. (For the health of all animals, some of the following are required for boarding. If these are not documented below, the pet will be vaccinated to ensure the health of all animals at the facility.)

Vaccine	Yes/No	Date	Vaccine	Yes/No	Date
Rabies (Feline or Canine)	_____	_____	Bordetella (Kennel Cough) (Canine)	_____	_____
Distemper Combo (Feline or Canine)	_____	_____	Feline Leukemia	_____	_____
Bivalent Influenza (Canine)	_____	_____	Influenza (Canine)	_____	_____
Leptospirosis (Canine)	_____	_____			

Heartworm preventative? Yes/No, Date last given, & type _____

Flea & tick preventative? Yes/No, Date last given, & type _____

Has your pet been spayed/neutered? _____ Does your pet have a microchip? _____

Is your pet on any prescriptions? _____

If so, did you bring the medications? _____
And what are the instructions? _____

Any known vaccine or medication reactions? _____

Any other health concerns: _____

If you have medical records, please attach.

Please describe your current situation and the situation that led you to this. This information is used to better care for your pet(s) and also to use in gaining funding. Our programs are 100% free to survivors, therefore we must get necessary funds by writing grants and fundraising. No identifying details will ever be released.

Consent & Agreement

In order to maintain the invaluable bond between pet and owner and to enhance the safety of both, Hope's 2nd Chance Animal Sanctuary provides safe, professional temporary shelter and some related care for the pets of domestic violence survivors as they work to establish safe housing for themselves and their pets. By initialing and signing below you are affirming/ agreeing to each of the following conditions.

I am the owner, or agent for the owner, of the animal listed above and have the authority to give this consent.

I give permission to Hope's 2nd Chance to contact the pet's veterinarian and request release of any information to aid in the pet's care.

I understand that the pet will be housed through Hope's 2nd Chance until I am able to find a safe place to stay, at which point, I will make arrangements to retrieve the pet within 24 hours. If I fail to retrieve the pet by the end of the first business day following my taking residency in a safe place to stay, and do not make written arrangements for the extended housing of the pet through Hope's 2nd Chance, then I agree that the pet has been relinquished to Hope's 2nd Chance. I understand that if I do not maintain contact with Hope's 2nd Chance on a consistent basis and have not communicated with them within a two (2) week time frame my backup contact will be called. If that person cannot get in contact with you to call us back then my animal will be relinquished. Hope's 2nd Chance will then work with the an animal welfare organization to place the pet for adoption, rescue, or other disposition, including humane euthanasia (if medically necessary).

I understand that if I choose to permanently leave emergency shelter or transitional housing, I will be relinquishing rights to my pet unless a new arrangement has been approved based on my updated housing situation.

I understand that Hope's 2nd Chance may move the pet to a different partner facility, without notice, to ensure the pet's safety. Once safely settled, the owner or owner's agent will be notified of the pet's location.

If the pet is on medication for an existing condition, I agree to provide the medication to Hope's 2nd Chance, if available.

I agree to make arrangements with Hope's 2nd Chance to pick up the pet if its behavior degrades to the point where safe handling by staff is not possible.

I agree that Hope's 2nd Chance will arrange to have any vaccinations for the pet updated, and that if unforeseen emergency medical care is required, Hope's 2nd Chance will dispense funds directly to the pet on an as-needed basis and at Hope's 2nd Chance's own discretion. I understand Hope's 2nd Chance reserves the right to provide veterinary care without my express approval, and also reserves the right to euthanize any animal in its care should a licensed veterinarian deem the animal's health to be so impaired that to sustain the animal would be inhumane.

In exchange for Hope's 2nd Chance arranging for care of the pet, I agree to release and discharge Hope's 2nd Chance, its successors, assigns, agents, affiliates, and employees from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss or injury which may be sustained in consequence of the receipt of boarding and medical services under this program. This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences of them.

Owner Signature _____ Date _____

Printed Name _____