## Oregon Disaster Animal Sheltering

<b>Status:</b> □ Rescued	□ Owner/Agent Drop-Off	□ Relinquished	□ Deceased
Intake Date:			
Unique ID:			

Owned Animal Admission Form		
Animal Information	Unique ID:	
Name:	Species: □ Cat	□ Dog □ Other:
Sex: □F □M Spayed/Neutered: □Yes □No □Unkn	own Age:	Breed:
Coat Color/Length:	Size/Weight:	
Microchip #:	Other ID/Marks:	
Owner Information		
Name:	Preferred Contact M	ethod: 🗆 Text 🗆 Phone 🗆 Email
Email Address:	Phone Number:	□ Cell □ Home
Address:	City:	Zip:
Temporary Address:		
Emergency Contact:	Phone Number:	
Vaccine/Medical History		
(Dog) Rabies: Distemper/Parvo:	Parvo:	Bordatella:
(Cat) Rabies: Respiratory:	Other:	
Medical Conditions:		
Current Medications:		Provided by Owner: 🗆 Yes 🗆 No
Special Dietary Needs:		Provided by Owner: 🗆 Yes 🗆 No
Has the animal bitten anyone within the last 10 days? $\ \ \Box$ Yes $\ \ \Box$ No	o Is the animal aggressive t	oward: 🗆 Men 🗆 Women 🗆 Children 🗆 Animals
Agreement/Release		
Due to the declared emergency, I am requesting authorized agents to board my anima being housed at the shelter or other facilities. I hereby agree to indemnify/hold harmle processes of registration, transportation, evacuation, care and sheltering, search and the animal during an emergency cannot be eliminated and agree to be responsible for animal(s).	ss all persons, organizations, corpo rescue and reunification of my anim	rations, or government agencies involved in any or all of the al(s). I understand that the risk of injury, escape or death of
Owner/Agent:	Name:	Date:
Volunteer/Witness:	Name:	Date:
<b>Disposition:</b> □ Returned to Owner □ Hold for Owner □ Adopted □ Euthanized/Deceased	□ Transported:	Date/Time: