


STATUS OF ANIMAL ON ARRIVAL		ANIMAL INTAKE INFORMATION		STATUS OF ANIMAL ON DEPARTURE	
<b>Date:</b> _____ <b>Time:</b> _____ (xx00h)		 <b>www.cdart.org</b>		<b>Date:</b> _____ <b>Time:</b> _____ (xx00h)	
<input type="checkbox"/> <b>BROUGHT IN BY CDART:</b> Rescue Request: <input type="checkbox"/> Yes <input type="checkbox"/> No ARF#: _____  Team: _____		<b>ANIMAL INFORMATION</b>		<input type="checkbox"/> Reclaimed by Owner direct from Foster Home Signature: _____  Verified ID: _____ CDART Rep: _____	
<input type="checkbox"/> <b>NON-OWNER DROPPED OFF</b> Stray? <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____ Address: _____ Phones: _____ Verify ID#: _____ Type: _____ Province: _____ Signature: _____		<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> M <input type="checkbox"/> Other _____ <input type="checkbox"/> Pup <input type="checkbox"/> Kitten <input type="checkbox"/> F <input type="checkbox"/> Litter _____  <input type="checkbox"/> Intact <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown		<input type="checkbox"/> Reclaimed by Owner: Signature: _____  Verified ID: _____ CDART Rep: _____	
Location of Pickup (Address if possible, landmarks, road names) :		<b>APPEARANCE</b>		<input type="checkbox"/> Adopted: (Attach papers)	
<input type="checkbox"/> <b>BROUGHT IN BY OWNER</b> Requests Fostering <input type="checkbox"/> Estimated time for fostering: _____ Permission to foster offsite: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, cage no. _____		<b>NAME</b> (If known) _____ Breed _____		<input type="checkbox"/> Euthanized: Vet: _____  Reason: _____	
<input type="checkbox"/> <b>OWNER SURRENDER</b> Owner Signature: _____		Age _____ Colour: _____		<b>STATUS OF ANIMAL OFFSITE</b>	
<input type="checkbox"/> <b>DEAD ON ARRIVAL</b> Mortality Team Contacted: _____ Hrs		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Coat Type/Length: _____ Distinguishing Marks: _____		Date _____ Location / Phone Number _____ _____ _____	
<b>OWNER INFORMATION</b>		<b>ANIMAL IDENTIFICATION</b>		<b>HAY ALLOTMENT</b>	
<b>LAST NAME</b> _____ <b>FIRST NAME</b> _____		Collar? <input type="checkbox"/> Yes <input type="checkbox"/> No Colour / Kind: _____		Date Evacuated _____ Hay Amount _____ CDART Rep. _____ _____ _____ _____	
Signature: _____		ID Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No Colour / Kind: _____		<b>AGENCY INFORMATION</b>	
Verify ID #: _____		Tattoo? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____		ESS File No. _____ Confidential File: _____ Media Permission?: _____ <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
ID Type: _____ Province: _____		Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No # _____		PEP Task No. _____ First Nations: _____ <input type="checkbox"/> No <input type="checkbox"/> Yes	
Phone No. (Permanent) _____ Phone No. (Temporary) _____		Contact made with Microchip company if stray? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>COMMENTS (Medical/Diet/Special Needs)</b>	
Address (Permanent) _____ City _____ Province _____ Code _____		Vaccinations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Vet: _____		_____ _____ _____	
Address (Temporary) _____ City _____ Province _____ Code _____		Has the animal Shown Aggression? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, towards: <input type="checkbox"/> People <input type="checkbox"/> Other Animals (Details on back)		<b>CDART Rep:</b> (first name, initial) _____	
<b>CDART Rep:</b> (first name, initial) _____		Has animal bitten anyone?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details on back. Mark cage.			
		<b>ATTACH PHOTO HERE</b>			
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