

ANIMAL RESCUE REQUEST FORM

Log # _____

This form is to be distributed to law enforcement and military personnel, utility crews, and other workers in the disaster area, as well as to pet owners evacuated from the area. It should also be used to record information from owners calling in a rescue request. Please file a separate request for each animal. This form should be completed for all animals sighted, even if they are deceased.

LOCATION OF ANIMAL OR SIGHTING _____

DATE _____

TIME (AM OR PM) _____

ANIMAL DESCRIPTION

Dog Cat Other _____ Male Female Altered

BREED _____

COLOR _____

AGE _____

DISTINCTIVE MARKINGS AND VISIBLE IDENTIFICATION (NOTE INJURIES OR SPECIAL CONDITIONS)

Collar License, Rabies, or ID Tag Tattoo, Location _____ Microchipped

NAME OF REQUESTING PARTY _____

AGENCY OR OWNER _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

DESCRIPTION OF ANIMAL'S LOCATION _____

WORK PHONE (INCLUDING AREA CODE) _____

HOME PHONE _____

OTHER _____

TEMPORARY ADDRESS _____

CITY _____

STATE _____

ZIP _____

If owner, is key available? Yes No Location of Key _____

If no, is keyless entry authorized? Yes No

SIGNATURE OF OWNER OR PERSON COMPLETING FORM _____

DATE _____

TIME (AM OR PM) _____

** FOR RESCUE TEAM ONLY **

REQUEST RECEIVED BY (NAME) _____

DATE _____

TIME (AM OR PM) _____

ACTION TAKEN _____

EMERGENCY MEDICAL TREATMENT PROVIDED _____

TREATED BY (RESCUE TEAM VETERINARIAN, NAME) _____

PHONE (INCLUDING AREA CODE) _____

ANIMAL TAKEN TO _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

REPORT COMPLETED BY (PLEASE PRINT) _____

This report must accompany the animal. The animal/carrier should be identified with the location of rescue & log number.