Dunn County Humane. Society Animal Intake Record

Date: / 2022 Time: : AM or PM	CIRCLE MUNICIPALITY BELOW Sorry, but we cannot accept from crossed-off areas			
Species: DOG CAT Intake Staff:		Rin	Ridgeland	
LAW ENFORCEMENT ONLY	NEW HAVEN	SHERIDAN	WILSON	SAND CREEK
Incident #:Name or Badge #:				
Location Found:				
Animal was: Found Stray Seized (please provide additional details on the back of this form)	Downing Boyceri	H4Y RIVER	OTTER CREEK	GROVT
Officer comments:				
PRIVATE CITIZEN ONLY	STANTON	SHERMAN	TAINTER	Coffex
Finder's Full Legal Name:	Кпарр			COLFAX
Finder's ID #: State of Issue:	LUCAS			
Phone #: Address Where Found (must be a street address):	20013	AC in Me nor	637	BLK MOUND
, WI			The Carrier	Mound
I attest that the animal(s) I am presenting here today was found free roaming (also known as 'stray') and I am not, nor do I know who owns the animal(s). I understand there is a varying fee to bring in an owned		MENOMONIE		
animal and DCHS only accepts owned animals on a case-by-case basis. I understand that bringing in either my own animal(s) or owned animal(s) on behalf of someone else and presenting it as a stray constitutes	WESTON		SI	PRING BROOK
fraud, as this would avoid those charges. I understand should it be found to be the case, I hereby agree to				
pay any and all care charges associated with this animal(s) until it becomes adopted.		DU	NN N	
Finder's Signature:	E4U G4L1	L E ∉	PERU	ROCKCREEK
Name: Breed(s):			J. PERO	
Fur Length: SHORT MED LONG Gender: M F ??	Pierce Co (do	gs): T. Gilman,	T. Maiden Roc	k, V. Elmwood
Age Group: BABY YOUNG ADULT SENIOR Altered: N Y ??	COAT & SKIN No problems found Dull/Dry/Itchy			
	Excessive shedding/hair loss Matted			
Size (when full-grown): S M L XL Bitten: ?? Y Collar?:	Excessive s	hedding/hair lo	oss Matt	ed
Size (when full-grown): S M L XL Bitten: ?? Y Collar?:		hedding/hair lo Lump(s)	Othe	
Primary Color: Secondary Color:		Lump(s)	Othe	
Primary Color: Secondary Color: Color Pattern: Eye Color:	Abnormal Fleas T Applied Topic	Lump(s) Ticks Lice _	Othe	reatments:
Primary Color: Secondary Color: Color Pattern: Eye Color: Declawed: N Y ?? Animal's weight upon intake:	Abnormal Fleas T Applied Topic Administered	Lump(s) icks Lice cal: Capstar:	Othe	reatments:
Primary Color: Secondary Color:	Abnormal Fleas T Applied Topic Administered	Lump(s) Ticks Lice ral: Capstar: EYF	Othe	reatments:
Primary Color: Secondary Color: Color Pattern: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form	Abnormal Fleas T Applied Topic Administered	Lump(s) ricks Lice cal: Capstar: EYE ns found	Othe T	ex:R
Primary Color: Secondary Color: Eye Color: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive:	Abnormal Fleas T Applied Topic Administered No problem	Lump(s) ricks Lice Lice cal: Capstar: EYE ns found (/ Cest ES Cloudy lens: L Eyelid Issue: Other:	ex:R
Primary Color: Secondary Color: Eye Color: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: LDOW Post: Y N	Abnormal Fleas T Applied Topic Administered No problem Discharge	Lump(s) ricks Lice cal: Capstar: EYE ns found CAPE EAF	/ Cest ES Cloudy lens: L Eyelid Issue: Other:	ex:R
Primary Color: Secondary Color: Eye Color: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: LDOW Post: Y N Final Date of Impound: / Picture #:	Abnormal Fleas T Applied Topic Administered No probler Discharge Inflamed No probler	Capstar: EYE ns found EAF	/ Cest ES Cloudy lens: L Eyelid Issue: Other:	reatments: R p: L R
Primary Color: Secondary Color: Eye Color: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: LDOW Post: Y N	Abnormal Fleas 1 Applied Topic Administered No probler Discharge Inflamed No probler Inflamed Itchy	Capstar: EYE ns found EAF ms found	/ Cest SCloudy lens: L Eyelid Issue: Other: Abnormal lum Excessive wax/ Other:	ex: R
Primary Color: Secondary Color: Color Pattern: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: Lost Pet Book Checked back to:/ LDOW Post: Y N Final Date of Impound:/ Picture #:	Abnormal Fleas T Applied Topic Administered No probler Discharge Inflamed Itchy Mites Cle	Lump(s) Cal: Capstar: EYE ns found EAF ms found Capstar: C	/ Cest Cloudy lens: L Eyelid Issue: Other: Abnormal lum Excessive wax/ Other: d:	ex: R Point L R Point L R Point L R Point R
Primary Color: Secondary Color: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: Lost Pet Book Checked back to: / LDOW Post: Y N Final Date of Impound: / Picture #: Added to fecal list?	Abnormal Fleas T Applied Topic Administered No probler Discharge Inflamed Itchy Mites Cle MOUTH/T	Capstar: EYE ns found EAP ms found Canad/Treated EETH/GUMS (Co	/ Cest SCloudy lens: L Eyelid Issue: Other: Abnormal lum Excessive wax/ Other: d: cc ve	ex: R Point L R Point L R Point L R Point R
Primary Color: Secondary Color: Color Pattern: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: Lost Pet Book Checked back to:/ LDOW Post: Y N Final Date of Impound:/ Picture #: Vaccinations Complete/Written Ahead by: Added to fecal list? Cat: Distemper: Pyrantel: cc	Abnormal Fleas T Applied Topic Administered No probler Discharge Inflamed Itchy Mites Cle	Capstar: Capstar: EYE ns found EAF aned/Treated EETH/GUMS (O	/ Cest Cloudy lens: L Eyelid Issue: Other: Abnormal lum Excessive wax/ Other: d:	ex: R p: L R /hair pmec each ear DEXAMINE) sing teeth
Primary Color: Secondary Color: Color Pattern: Eye Color: Declawed: N Y ?? Animal's weight upon intake: Add'l Comments: for more than one animal per intake, please complete and attach the multi-intake form Microchip scan: Negative Positive: LDOW Post: Y N Final Date of Impound: / LDOW Post: Y N Final Date of Impound: / Picture #: Vaccinations Complete/Written Ahead by: Added to fecal list? Cat: Distemper: Pyrantel: cc Dog: Distemper: Bordetella: Pyrantel: cc	Abnormal Fleas T Applied Topic Administered No probler Discharge Inflamed Inflamed Itchy Mites Cle MOUTH/T No probles	Capstar: EYE Ins found EAF Ins found EAF Ins found	/ Cest S Cloudy lens: L Eyelid Issue: Other: RS Abnormal lum Excessive wax/ Other: d:cc lvc Damaged/Mis	ex:R

Initial Behavior Observations (at time of intake)	
Body Language/ Behavior:	
Asks for attention/ social or avoids people/shy?:	
Offer treats/food—interested or no?:	
Commands (sit, down, shake):	
Any Behavior concerns?:	