

Dunn County Humane Society Animal Intake Record

Date: ____ / ____ / 2022 Time: ____ : ____ AM or PM

Species: DOG CAT Intake Staff: _____

LAW ENFORCEMENT ONLY

Incident #: _____ Name or Badge #: _____

Location Found: _____

Animal was: Found Stray Seized (please provide additional details on the back of this form)

Officer comments: _____

PRIVATE CITIZEN ONLY

Finder's Full Legal Name: _____

Finder's ID #: _____ State of Issue: _____

Phone #: _____ Address Where Found (must be a street address): _____, WI _____

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 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 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.

Finder's Signature: _____

Name: _____ Breed(s): _____

Fur Length: SHORT MED LONG Gender: M F ??

Age Group: BABY YOUNG ADULT SENIOR Altered: N Y ??

Size (when full-grown): S M L XL Bitten: ?? Y Collar?: _____

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?

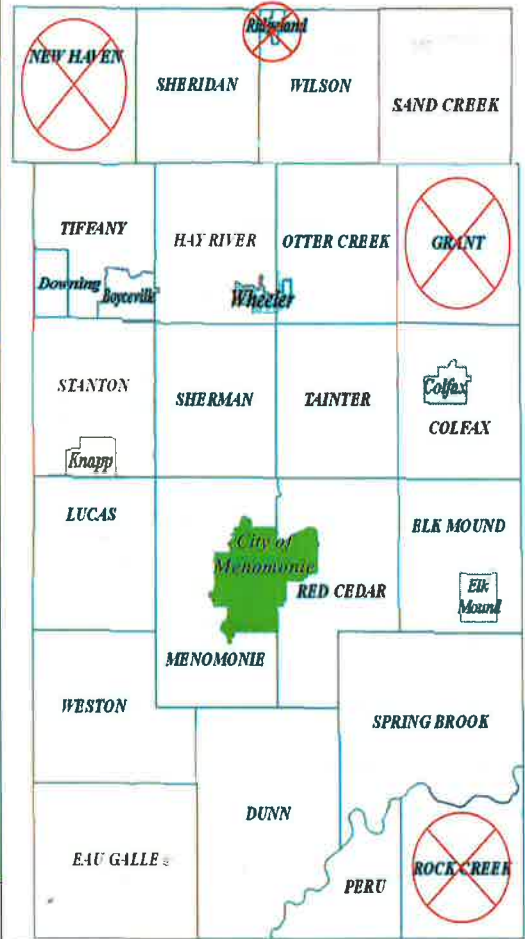
Cat: Distemper: _____ Pyrantel: _____ cc

Dog: Distemper: _____ Bordetella: _____ Pyrantel: _____ cc

Vial Stickers and/or any additional comments/concerns/observations:

CIRCLE MUNICIPALITY BELOW

Sorry, but we cannot accept from crossed-off areas



Pierce Co (dogs): T. Gilman, T. Maiden Rock, V. Elmwood

COAT & SKIN

| | |
|---|-------------------|
| No problems found | Dull/Dry/Itchy |
| Excessive shedding/hair loss | Matted |
| Abnormal Lump(s) | Other: _____ |
| Fleas ___ Ticks ___ Lice ___ | Treatments: _____ |
| Applied Topical: _____ | |
| Administered Capstar: _____ / Cestex: _____ | |

EYES

| | |
|-------------------|--------------------------|
| No problems found | Cloudy lens: L ___ R ___ |
| Discharge | Eyelid Issue: _____ |
| Inflamed | Other: _____ |

EARS

| | |
|-------------------|---|
| No problems found | Abnormal lump: L ___ R ___ |
| Inflamed | Excessive wax/hair |
| Itchy | Other: _____ |
| Mites | Cleaned/Treated: _____ cc Ivomec each ear |

MOUTH/TEETH/GUMS (ONLY IF SAFE TO EXAMINE)

| | |
|-------------------|----------------------------|
| No problems found | Damaged/Missing teeth |
| Inflamed lips | Tartar buildup |
| Bleeding/Ulcers | Decay: Mild ___ Severe ___ |
| Abnormal lumps | Other: _____ |

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?: _____
