



INTAKE REQUEST FORM



Today's Date: _____

REQUESTER'S INFO

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are you able to make a minimum donation of \$40 to cover the animal's expenses? Yes No

ANIMAL'S INFO

Please Circle: Dog Cat Puppy Kitten How Many ? _____

Name(s): _____ Gender(s): _____

Breed & Description: _____

House Trained?: _____ Leash/Crate Trained? _____

Date of Shots, if known: _____ Spayed/Neutered: Yes No

Approximate Weight: _____ Approximate Age: _____

ANIMAL'S HISTORY INFO

Is this a (circle one): Family Pet Relative's Pet Stray Abandoned at Hospital

How long have you had the animal? _____ Has this animal ever bitten or shown aggression? _____

Can the animal jump a fence? Yes No If yes, how high? _____

Why are you relinquishing this animal? _____

PLEASE FAX THIS FORM TO: 918.493.2287, Attn. Intake Manager

For Intake Coordinator's Use Only:

Approved by: _____ Pet's Name: _____ HST ID #: _____