



CODA Shelter Pet Intake

Please complete a separate form for each pet

The questions in this form are intended to help us better assist you and your pets while they reside in the CODA shelter. The information will not be shared with anyone outside the agency except for emergency purposes.

Name of Resident _____ Client ID Number _____ Date of Intake _____

Resident Phone # _____ Name of Pet _____ Species _____ Breed _____

Breed _____ Pets Gender _____ Spayed/Neutered? _____ Age _____

Is this a service animal, emotional support animal, or therapy animal? Y N
If yes, please specify and describe services provided: _____

Emergency Contact Name/Phone Number _____

Veterinarian Name/Phone Number/City _____

May CODA contact your veterinarian to obtain pet records? _____

Do you have any other documentation verifying that you own the pet? Y N

Are your pets' vaccinations current? Y N

Have your cat(s) been tested for feline leukemia and FIV? Y N
Results and date: _____

Have your dogs been tested for heartworm? Y N
Results and date: _____

Please list any behavior issues or concerns regarding your pet: _____

Do your pets have any medical conditions? Y N
If yes, please list condition and treatment: _____

How have your pets been housed at your home (i.e. crate-trained, indoor/outdoor, outdoor only, etc.)?

Have your pets received flea/tick/parasite prevention treatment? Y N

Are your pets house-trained/litter-box trained? Y N

If no, describe what accommodations are needed: _____

Have your pets ever bitten anyone? Y N

If yes, describe the circumstances: _____

Have you brought your pets' food, collars, litter-box and/or medications? Y N

If not, what supplies may we assist you during you and your pets stay? _____
