
INDIVIDUAL ANIMAL RECORD

Shelter
NameLicense
Number

ANIMAL INFORMATION

Name

DOB

Age

Microchip No. or
Official Identification

Species

Breed

Sex

S/N
StatusColor and
Markings

Intake Date

Isolation Information For Imported Cats and DogsIsolation Name, Address
and Telephone NumberEntered
Isolation

Date

Time

Released

Date

Time

ANIMAL ORIGIN INFORMATION

Where Rescue Obtained Animal

Include Name, Address, Telephone Number and Email Address For Transferring Entity or Person

**Animal Evaluations and Observations or Findings of Behavioral Concerns or Temperament Issues
That May Pose a Safety Concern For humans or Other Animals**

(Include dates of animal evaluations and name and title of the person performing evaluation or observing behavior)

Attach All Applicable Documents

Health Certificates
Medical Records
Behavioral Evaluations
Trainer's Documents
Rabies Certificates
Spay Neuter Certificate
Source Records
Transfer Records
Disclosure Statements

Date	Name	Address	Contact Information
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Contact Information

NOTES AND EXPLANATIONS

VACCINATION HISTORY

Date	Vaccine	Name & Title of Person Who Administered
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AII MEDICATIONS ADMINISTERED

Date(s)	Medication and Total Number of Days Administered	Prescribing Veterinarian and Telephone Number (Indicate if over the counter product)
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