

## Animal Care Plan (Initial Intake Assessment)

Animal's name: \_\_\_\_\_ Species: \_\_\_\_\_ Date of arrival: \_\_\_\_\_

Date of birth (month/year): \_\_\_\_\_ Where came from: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency vet clinic #: \_\_\_\_\_

Emergency caregiver contact #: \_\_\_\_\_

Pet license # (if applicable): \_\_\_\_\_ Current rabies tag # (if applicable): \_\_\_\_\_

Sex: M F Neutered: Yes No

Breed: \_\_\_\_\_ Admission weight: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Special health conditions or medications administered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brand/type of food: \_\_\_\_\_ Amount given daily: \_\_\_\_\_

Obedience training completed: \_\_\_\_\_

Special skills/tricks: \_\_\_\_\_

Special approaches or precautions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Animal's background and social history (please type up a separate page)

**Attach admission photo here:**