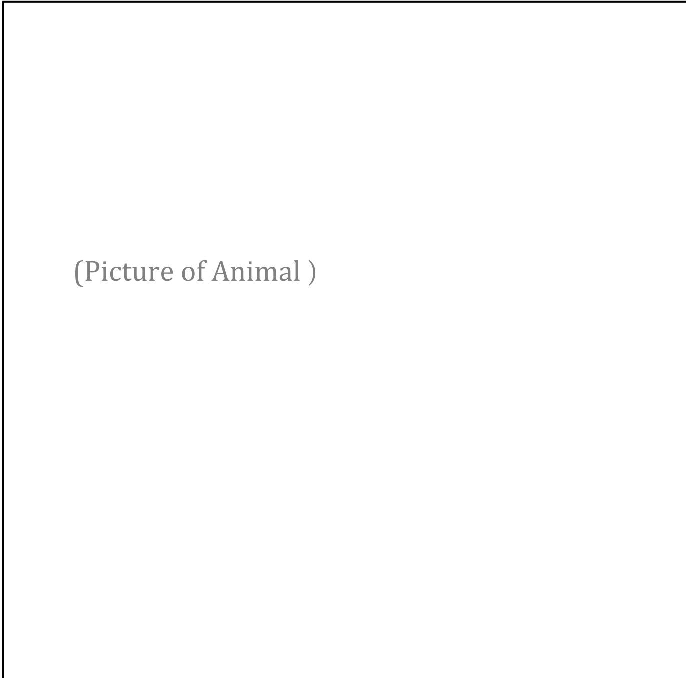
- ☐ CCSPCA
- ☐ Other shelter ___________
- ☐ Stray/Found
- ☐ Owner Surrender

Cats By the Tracks
Intake Form

Date ______________________ Time ____________________ Entered by ______________________________

Foster:	
Home Address	
City, ST, Zip	
Home Phone	Cell Phone
email	



Has this animal bitten in the last 10 days?

☐ No ☐ Yes, a human __________ ☐ Yes, another animal ____________________________________

Date Species Date

Has this animal displayed any aggression toward people or animals?

☐ No ☐ Yes. Explain ____

List any other individual with authority to make all decisions regarding animal care (including veterinary care):

____

Location found: ____

Address or intersection City ST Zip

____

Finder's Name Phone number

____

Finder's Address City ST Zip

☐ Finder or volunteer is interested in adoption or providing foster care

Cats by the Tracks
Intake Form

Name	
Species	**Breed**
Color	**Coat Type**

☐ Male ☐ Female ☐ Neutered ☐ Spayed ☐ Unknown

Markings/Other Descriptors

Identification

☐	Identification tags	All Tag Information	
☐	Microchip	Number	Company
☐			
☐	Other Identifier	Information	

Vaccinations: Any information provided by owner must be accompanied with proof of vaccination.

☐ Rabies date ____________________

☐ Distemer/Parvo (canine) ☐ FeLV/ CCVRP (feline)

☐ Spay/Neuter date ____________________

☐ Other #1 ______________ ☐ Other #2 ______________ ☐ Other #3

☐ Dewormer date ______________ ☐ External parasite control date ______________

Special Needs

☐ Allergies/special diet required

____

☐ Known medical condition(s)

____

____

____

☐ Medication #1 ______________________ Dosage ______________ Schedule ______________

☐ Medication #2 ______________________ Dosage ______________ Schedule ______________

☐ Medication #3 ______________________ Dosage ______________ Schedule ______________