

STAFF USE ONLY		
Date Received: _____	Animal ID: _____	Shelter Location: _____
Animal Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		
Description: (APRX Breed, Color, Sex): _____		
Identification Type: <input type="checkbox"/> Microchip <input type="checkbox"/> License <input type="checkbox"/> Identification Tags <input type="checkbox"/> None		
ID Number: _____		

Stray Pet Profile

The information you provided on this form will help MCAS determine what pathway options we have for this pet. Please note that MCAS cannot guarantee placement of pets into new homes.

Finder Information		
Name:	Pronouns:	Phone:
Email:	Address:	
If available, are you interested in adopting this animal?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Interest in adoption does not guarantee MCAS will proceed with an adoption of this pet.</small>		

Pet Information
Where did you find the pet(s)? <i>Please list cross streets and/or business name:</i>
How long did this pet remain in your care? <input type="checkbox"/> Less than 24hrs <input type="checkbox"/> Over 24hrs, less than 7 days <input type="checkbox"/> Other: _____
How were you able to capture and/or contain this pet? <i>EX: leashed up, caught in trap, picked up, etc.</i>
To your knowledge, has this pet bitten a person in the last ten days? <input type="checkbox"/> No, not to my knowledge <input type="checkbox"/> Yes, but no skin was broken <input type="checkbox"/> Yes, and skin was broken
If you answered 'Yes', please describe what occurred:

Household Information		
Where did this pet mainly live while in your care? <input type="checkbox"/> Indoor only <input type="checkbox"/> Indoor/Outdoor <input type="checkbox"/> Outdoor only <input type="checkbox"/> N/A		
How did this pet react when they were...?		
Greeting Strangers (or yourself) x Playful x Easy Going x Shy x Afraid x Poorly x N/A x Other: _____	Left Alone/Crate Training x Playful x Easy Going x Shy x Afraid x Poorly x N/A x Other: _____	House/Litter Box Training x Playful x Easy Going x Shy x Afraid x Poorly x N/A x Other: _____

How did this pet react when they were...?

<i>Meeting New Dogs</i>	<i>Meeting New Cats</i>
<input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____	<input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Poorly <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____

Please enter additional details or information here:

In your care, did this pet spend time with the following?

<i>Kids (Under 10)</i>	<i>Cats</i>	<i>Dogs</i>
<input type="checkbox"/> No, they did not live with kids <p style="text-align: center;">or</p> Yes, they lived with kids and most of the time they were.... <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Not Good <input type="checkbox"/> Other: _____	<input type="checkbox"/> No, they did not live with cats <p style="text-align: center;">or</p> Yes, they lived with cats and most of the time they were.... <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Not Good <input type="checkbox"/> Other: _____	<input type="checkbox"/> No, they did not live with dogs <p style="text-align: center;">or</p> Yes, they lived with dogs and most of the time they were.... <input type="checkbox"/> Playful <input type="checkbox"/> Easy Going <input type="checkbox"/> Shy <input type="checkbox"/> Afraid <input type="checkbox"/> Not Good <input type="checkbox"/> Other: _____

Please enter additional details or information here:

Signature and Acknowledgement of Finder

I understand that signing this form relinquishes all rights over to Animal Services. I also understand that it is the sole discretion of Animal Services if said pet is adopted, transferred, or euthanized.

Print Name: _____

Signature: _____

Additional Staff Notes:

