



**STRAY ANIMAL
INTAKE FORM**

PO BOX 265 | 19 RESCUE RD | FRANKLIN, NH 03235 | (603) 934-4132

Surrendered by: _____ Date: _____
First Name Last Name

Street Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____

Animal found: Dog Cat Date Animal was found: _____

Describe where the animal was found: _____

Describe the animal's condition and circumstances when it was found:

How long has the animal been in your possession? _____

Has the animal seen a veterinarian? *(If yes, complete below information)* Yes No

Veterinarian's Name: _____

Veterinarian's Address: _____

What treatment did the animal receive?



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Is there any information you can provide regarding this animal that would be helpful?

(If yes, complete below information) Yes No

Please disclose what information you have:

Acknowledgments

- By surrendering to Franklin Animal Shelter, I am relinquishing any and all ownership rights.
- I understand that by surrendering this animal I will be unable to determine its final disposition. I understand that the Franklin Animal Shelter will not sell animals for research, is a limited-access shelter, and will not euthanize animals unless they are deemed unadoptable for health of demeanor reasons.
- I agree that neither the Shelter nor its employees will incur any obligation to me as a result of any disposition.
- I understand that if I wish to reclaim this animal, Franklin Animal Shelter may or may not allow reclamation and I will be liable for all expenses, direct and indirect, incurred by the Shelter while in the custody of the Shelter.
- I attest that this animal has not been taken from another person with or without his/her permission.
- I assert that I have no knowledge of the animal's rightful owner.

Signature: _____ Date: _____