

# SAMPLE FORM

## PROGRAM CHECKLIST

For office use only

Date in: \_\_\_\_\_

Receiving Staff member \_\_\_\_\_

Location of animal \_\_\_\_\_

Registered owner \_\_\_\_\_ Phone \_\_\_\_\_

Third party contact \_\_\_\_\_ Phone \_\_\_\_\_

Foster Care Agreement (signed by owner)

Yes \_\_\_\_\_ No \_\_\_\_\_

Pet Personality Profile

Yes \_\_\_\_\_ No \_\_\_\_\_

Old tags removed & new \_\_\_\_\_ tag placed on collar & entered in computer

Yes \_\_\_\_\_ No \_\_\_\_\_

Owner made aware of:

30-day policy

Yes \_\_\_\_\_ No \_\_\_\_\_

Licensing requirements (for dogs)

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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