

# Request for Animal Rescue

Incident \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Animal ID # \_\_\_\_\_

Dispatcher or receiving agent \_\_\_\_\_

Reason for Rescue: \_\_\_\_\_

<b>Person Requesting Rescue:</b> <input type="checkbox"/> ASAR <input type="checkbox"/> EM/Command <input type="checkbox"/> Owner Request <input type="checkbox"/> ACO <input type="checkbox"/> Owner Agent Request <input type="checkbox"/> _____
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<b>Assigned to Organization or Team:</b> _____
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Species	Breed	Color/markings	Behavior Status:	Animal Health Status:
			<input type="checkbox"/> Green — Friendly <input type="checkbox"/> Blue — Shy/Caution <input type="checkbox"/> Yellow — Fearful/Aggressive <input type="checkbox"/> Red — Bite Hold	<input type="checkbox"/> Immediate Medical <input type="checkbox"/> Medical <input type="checkbox"/> Stable <input type="checkbox"/> Pregnant

Address or physical location of animal \_\_\_\_\_

Additional information of location or condition of animal \_\_\_\_\_

Name of person requesting rescue \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Owner(s) Name and Address (include city, state, zip) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Owner(s) Email \_\_\_\_\_

Animal's Veterinarian's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

*Please initial where consent given.*

\_\_\_\_\_ Does the person requesting rescue have the owner(s) permission to authorize care?  Yes  No

\_\_\_\_\_ If so, explain. \_\_\_\_\_

\_\_\_\_\_ Is in-field medical care authorized?  Yes  No To what extent? \_\_\_\_\_

\_\_\_\_\_ If home check, is key available to rescuers?  Yes  No Key location \_\_\_\_\_

\_\_\_\_\_ Is keyless entry authorized?  Yes  No By what means? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

<b>Status:</b> <input type="checkbox"/> Rescued <input type="checkbox"/> Unable to capture <input type="checkbox"/> No sign of the animal <input type="checkbox"/> Deceased <input type="checkbox"/> Access denied
<b>Transported:</b> <input type="checkbox"/> Owner Signature _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Emergency Shelter _____ Location: _____ <input type="checkbox"/> Veterinarian _____ Location: _____

Notes/Comments: \_\_\_\_\_

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