

Animal Disposition Assessment Form

THIS FORM MUST BE FILLED OUT BEFORE DISPOSITION.

It must also be filled out in addition to an animal's custody record and, if applicable, the animal's intake assessment form.

Date: _____ Evaluator (cannot be the same person who picked up the animal): _____

Person(s) who picked up the animal: _____

Animal's name and species: _____

Owner's name and address: _____

Scanned for microchip: Yes (If the animal is microchipped, please notify a supervisor immediately.)

Microchip ID information: _____ Photos taken? Yes No (please explain): _____

REQUIREMENTS

- Animal identified by owner and give-up form signed by owner on the same date as give-up (Initial: _____)
- Back of give-up form filled out by or in presence of owner (Initial: _____)
- Description of animal matches animal properly
- Handling and disposition policy explained: In person On phone (Initial: _____)
- If animal was picked up as a stray or if one of the above requirements was not satisfied, animal was held for at least the legally required period (5 days without indicia of ownership, 10 days with indicia of ownership, beginning on the day following the date of intake)
- Checked with supervisor (JC, EA, LB, or DN) on disposition (date: _____/time: _____)

TEMPERAMENT AND HISTORY

(to be filled out with input from the person who picked up the animal and/or spoke with the animal's owner)

Socialization	<input type="checkbox"/> Social	<input type="checkbox"/> Unsocial	<input type="checkbox"/> Feral
Aggressive with people or other animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Destructive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Housetrained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Chained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Penned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Outside only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

PHYSICAL CONDITION

Body condition: Unremarkable Underweight Unthrifty Geriatric

Other: _____

Spayed or neutered: Yes No Unknown _____

Dogs: Heartworm status? On preventive meds? _____

Cats: FIV/FelV/FIP status? _____

HEALTH ISSUES

Injured: Wounds/abrasions Broken bones Immobile

Other: _____

Illness: URI/labored breathing Eye/ear/nose/mouth discharge/infection

Other: _____

Parasites: Fleas/ticks Bloating Parasites seen in feces

Other: _____