

ANIMAL INTAKE FORM FOR THE PET SHELTER OPERATED BY
ONslow COUNTY ANIMAL RESPONSE TEAM ("CART")

Owner's name _____

Name and age (if a minor) of family members accompanying Owner:

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Date and time of arrival at
shelter: _____

Name of emergency contact not at shelter: _____

Telephone number of emergency contact: _____

PETS

Name	Dog/Cat	M/F	Altered: Y/N	Breed/Description	Color	Age
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Are any of your animals on
medication? _____

This is not a full service shelter. Can you physically take care of your pet while
you are
here? _____

If not, what kind of assistance will you need? _____

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When is your pet normally walked for relief purposes? _____

Animal(s) logged in by CART volunteer: _____

VOLUNTEER SIGNATURE

TIME

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SIGNATURE OF OWNER