

EXHIBIT III

Animal Control - After Hours Intake Form

Date/Time: _____

Officer: _____

Cat / Dog / Other: _____

Male / Female Altered?: Y / N / Unk

Reason for Impoundment? _____

Vaccinations and Prevention Given?: Y / N

If not, why? _____

Behavior Concerns noted?: _____

Medical Concerns noted?: _____

Owner contact information (if known): _____

Have you made contact with the owner? Y / N

Describe contact made: _____
