

# 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: \_\_\_\_\_

\_\_\_\_\_