

Riverhead Animal Shelter

INTAKE DATE _____
INTAKE NUMBER: _____ INTAKE REASON _____
NAME: _____
CANINE LICENSE NUMBER: _____
Seizing officer: _____
CANINE () FELINE ()
BREED: _____ COLLAR/TAGS: _____
SEX: _____ S/N _____ APPROX. AGE: _____
COLOR: _____ MARKINGS: _____

DATE: _____ HEARTWORM + - ERLICH + - LYME + - _____
DATE: _____ FIV + - FELV + - _____
DATE: _____ FECAL + - #2 _____ #3 _____
DATE: _____ RABIES 1YR () 3 YR () _____
DATE: _____ DA2PP () FVRCP () #2 _____ #3 _____
DATE: _____ S/N VET _____
DATE: _____ MICROCHIP# _____

ADOPTION AGREEMENT

I hereby acknowledge receipt from the North Fork Animal Welfare League, Inc.(NFAWL) of the animal described above. I understand that every animal has been inspected, but the NFAWL makes no warranty as to ownership, condition, or otherwise. If at any time the NFAWL demands its return for any reason, I agree to relinquish the animal to the NFAWL making no charge of any character for care, food or other service or thing. I shall be personally responsible for the humane care and control of the animal and an agent of the NFAWL shall be allowed to see the animal upon request.

DATE: _____ HW preventative due
DATE: _____ Vaccinations due

DISPOSITION

[] REDEEMED [] ADOPTED [] EUTHANIZED
DATE: _____ NAME _____
PHYSICAL ADDRESS: _____
EMAIL ADDRESS _____
MAILING ADDRESS: _____ PHONE _____
FEES _____ DONATION _____ TOTAL _____

SIGNATURE _____
ADOPTER SHELTER REPRESENTATIVE