

Emergency Animal Sheltering Animal Intake Procedure

Washington State Animal Response Team



Intake

Organization and teamwork are critical.

This area can get busy, especially at the start of an event.

Every animal admitted into our shelter must go through the intake process.

People can get impatient due to a stressful situation but we need to properly document their animals so they can get the best care and be released back to their rightful owner.



Animal Intake Roles

Traffic Coordinator – Directs traffic flow.

Intake Runner – Distributes paperwork and reports incoming animals to Intake.

Animal Handler – A qualified handler to manage animals. This may include assisting while owner's complete paperwork or moving animals to another location.

Case Worker #1 – Review and complete paperwork. Assign a master animal ID number.

Case Worker #2 – Taking pictures, microchip scanning, putting ID tag on the animal. This position involves standing and moving around.



Intake Runner

- Hand out Intake Packet to owner as they are lined up or in their cars. Ask owner to read and sign the Authorization to Shelter Form and complete the Animal Intake Form.
- If they have multiple animals, give them the Intake Supplemental Form.
- Bring the paperwork to Intake Case Worker #1.

Note: If traffic is busy or at a distance from the Intake Station you can have the owner give their paperwork directly to the Case Worker.



Medical/Triage

If available, it is preferred to have a Veterinarian/Vet Tech or Vet Assistant examining the animals before being admitted. If a Veterinarian is not available, the most qualified staff on site does the exam.

This person will do the following:

- Complete the Triage form
- Record vaccination status
- Identify medications or supplements



Intake Case Worker #1

Review and complete Intake forms.

Add the animal to the Master Animal ID Log.

Add Driver's License/ID information to the Intake Form.

This position requires legible handwriting and attention to detail.



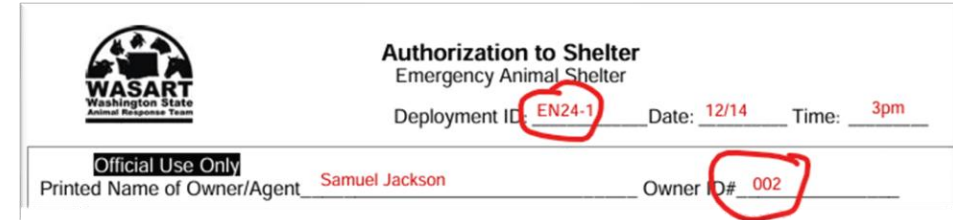
Intake Case Worker #1

If the animal is taking medication, call for medical (if available) to interview the owner and complete the Medication Log.

Add ID number's to forms and an ID tag.

Give the paperwork and animal ID tag to Intake Case Worker #2.

Give the animal owner a copy of the Authorization to shelter or have them take a picture of it. (they will need this to reclaim their animal)

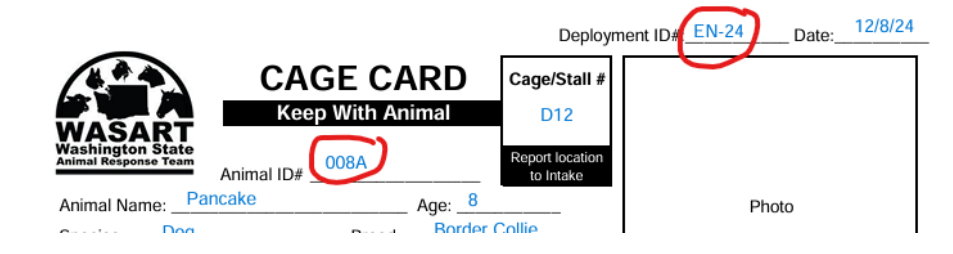


WASART
Washington State
Animal Response Team

Authorization to Shelter
Emergency Animal Shelter

Deployment ID: EN24-1 Date: 12/14 Time: 3pm

Official Use Only
Printed Name of Owner/Agent: Samuel Jackson Owner ID# 002



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Washington State
Animal Response Team

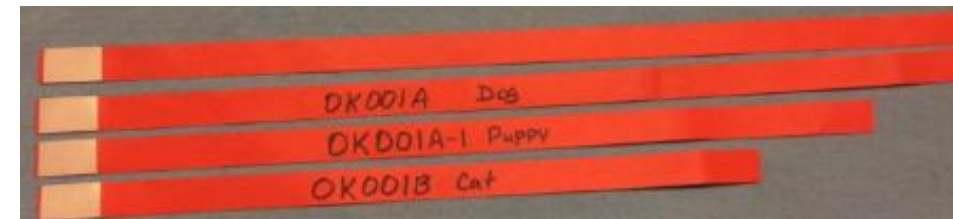
CAGE CARD
Keep With Animal

Deployment ID# EN-24 Date: 12/8/24

Animal ID# 008A Cage/Stall # D12

Animal Name: Pancake Age: 8 Report location to Intake

Breed: Border Collie Photo



Creating Animal ID Numbers

Deployment ID# OK18-1: Location (2 letter identifier)
year, # of deployments to that location that year.

Owner ID#002: 2nd animal owner admitting an animal
to the shelter.

Animal ID# examples for a single owner:

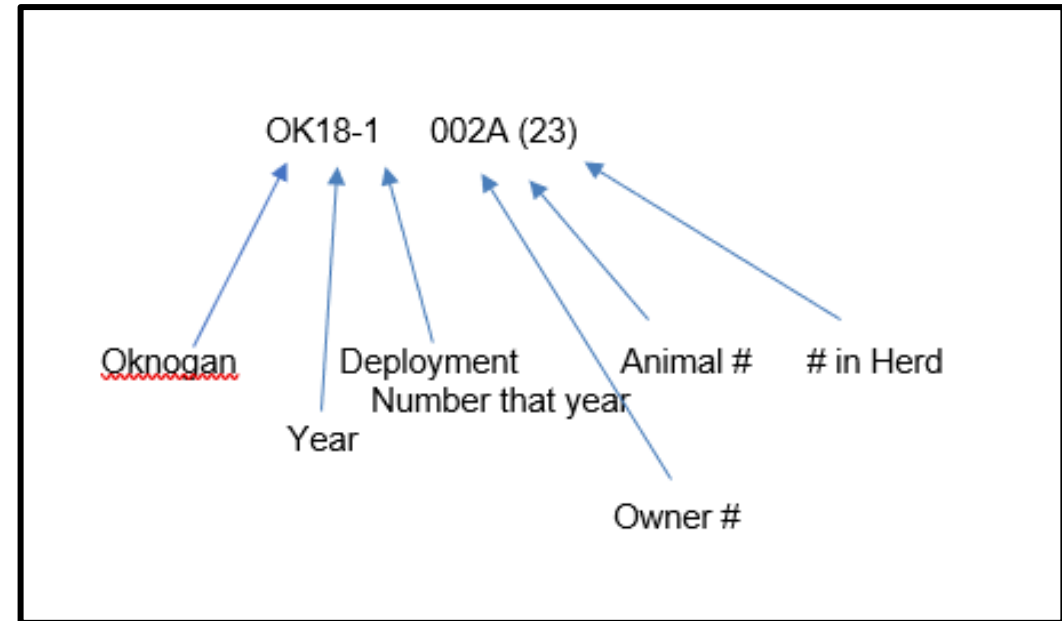
Animal #1 002A

Animal #2 002B

Baby of Animal #2 002B-1,

Baby of Animal #2 002 B-2

Herd of goats 002C (23)



Intake Case Worker #2

This is mainly a standing, moving position so stage your supplies where they will be easy to access. This may include wearing a "tool belt".

Put the ID tag on the animal.

Scan for microchip and identify tattoos.



Intake Case Worker #2

Take a picture of owner, animal and whiteboard listing the date, deployment and Animal ID#.

Take a picture of just the animal with the instant camera to go on the cage card.

Request an animal handler from Housing, Decon, or Medical, as appropriate.



Intake Case Worker #2 - Photos

Take a picture(s) of any unique features/markings on common-colored animals (examples: black dog, black horse).



Animal Handler

Request an appropriate species handler to transfer the animal throughout the shelter as needed.



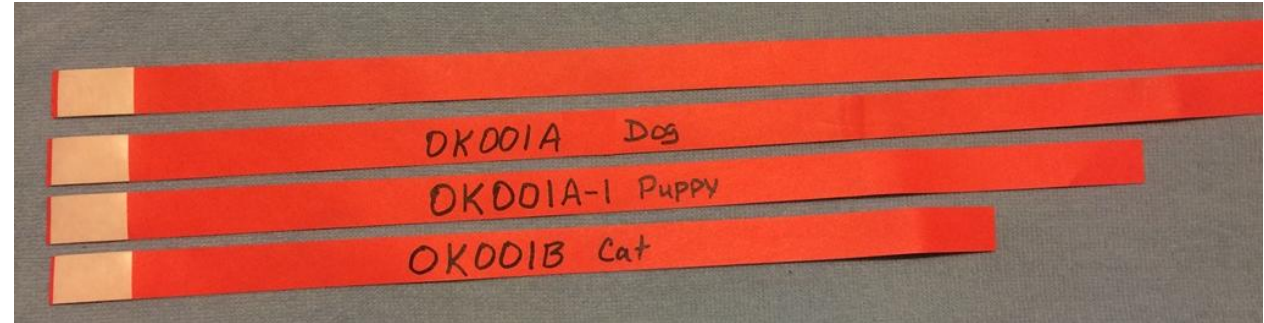
ID Types

Identification Bands

Livestock Paint

Ear Tags

Tattoos



Large Animal ID Types



Most Common Intake Paperwork

To be completed for all animals

- Authorization to Shelter
- Animal Intake Form
- Cage Card

To be utilized as needed

- Animal Intake Supplemental Form
- Medication Log
- Triage Exam
- Herd Animal Intake


Authorization To Shelter

Case Worker #1 will complete the top portion, using and verifying the information on the animal intake form(s).



Owner will read, sign and date.



 **Authorization to Shelter**
Emergency Animal Shelter

Deployment ID: EN24-1 Date: 12/14 Time: 3pm

Official Use Only

Printed Name of Owner/Agent Samuel Jackson Owner ID# 002

Primary Contact Phone# 425-545-8789 Ok to text Alternate Contact Phone # 225-885-9595

Home Address 12314 South Hampton City/State/Zip Seattle, WA 99402

List of Animals (name, species, etc.): Dog-Fluffy, Cat - Sebastian, Kitten - Salty, 8 cows Number of animals: 11

I, the undersigned Owner/Owner's Agent, hereby request the emergency sheltering of the above listed animals by these organizations responsible for operating the shelter WASART & Enumclaw Expo Center. I release these named organizations from any and all liability for the housing and care of my animals. I indemnify these named organizations from any action, claim, demand, or lawsuit including professional fees and attorney fees arising out of any health care provided by a licensed veterinarian to my animals at the request of the Emergency Shelter Manager.

- I understand and accept that I must present identification to visit my animal(s) while they are being sheltered when such visitations are allowed by the Emergency Shelter Manager.
- I certify that any of my animal(s) which have been recently diagnosed with a contagious disease have received successful treatment.
- I understand and accept that emergency conditions may require relocation of my animal(s) for their safety.
- I understand and accept emergency veterinary care may become necessary for my animal(s). If shelter personnel deem an emergency exam or treatment necessary, and if a representative of the shelter is unable to reach me for guidance, I authorize the shelter manager to arrange for transfer of care to a licensed veterinarian, and for said veterinarian to provide emergency treatment at their discretion and at my expense.
- I understand and accept that isolation of any of my animal(s) may be necessary for behavior or health reasons.
- I agree not to approach or touch animal(s) being sheltered, other than my own.
- I understand and accept that it is my responsibility to keep the Emergency Animal Shelter informed of my whereabouts and how I can be reached.
- I understand and accept that my animals will be given basic care including food, water, and exercise as appropriate.
- I intend to participate when requested in the care of my animal(s) to the extent I am able.
- I understand that if I am not able to claim my animals when the Emergency Animal Shelter shuts down or if I am unable to make arrangements for their disposition, my animal(s) may be released to the local animal control authority.


Signature of Owner/Owner's Agent: Have owner read & sign Date: Have owner date

Emergency Shelter Contact #: 425-811-5498 ← Get from shelter lead

Animal Intake Form

Owner will complete in full.

Case worker #1 will review – verifying it is accurate & complete.

 **Animal Intake** KEEP AT INTAKE
Use Supplemental Sheets for additional animals

Deployment ID: EN24-1
Owner/Agent ID#: 002

Owner/Agent or Finder Contact Information

Intake Date: 12/20/24 Time: 3pm Total Animals to be Admitted: 3
Owner/Agent/Finder/Name(s): Sam Jackson Relationship to Animal: Owner
ID(drivers license,etc): xxx111aaa Email: samjackson@gmail.com
Primary Phone: 222-555-8181 Secondary Phone: 333-778-7878
Permanent Address: huckleberry street, seattle, WA 98444
Temporary Address: Red Cross in Kent
Veterinarian & Clinic Name: VCA Kent Animal Hospital Phone: 222-555-6161 City: Kent
Alternate Contact Name: Burt Reynolds Relationship: Brother
Phone: 222-458-9798 Email: burt@hotmail.net
Address: north shore street , auburn WA Authorized to pick up animal(s): Y N

Animal Information Animal ID#: 002A

Intake Date: 12/20 Time: 3pm Animal Name: Fluffy
 Owned Stray Other Expected pickup date: 12/21 Time: 3pm
If Stray, date & location found: n/a
Species: Dog Breed: Golden Retriever Age: 5 Altered Y N U
Sex: Male Female Unknown Microchipped: Y N Microchip# _____
Proof of Vaccinations? yes Proof of Rabies Vaccination? Y On Medication(s) Y N
If yes complete Medication Log S-008
Coat Color/Pattern/Markings: tan with a white muzzle
Is there anything else we need to know (allergies/diet restrictions/feeding/can we walk outdoors/medical conditions/behaviors): she cannot eat chicken and doesn't like her tail touched
Items to be returned to owner(toys, leash, food, meds, etc): pillow
Photo location (Fred's phone, WASART camera, etc): wasart camera

Animal Intake Supplemental Form

If the owner has more than one animal, they will also fill out the necessary number of Supplemental Forms.

Animal #2



Animal #3



Animal Intake supplemental
KEEP AT INTAKE Deployment ID: EN24-1

Animal Information
Intake Date: 12/20 Time: 3pm Animal Name: Sparky Animal ID#: 002B
 Owned Stray Other Expected pickup date: 12/21 Time: 5pm

If Stray, date & location found: _____
Species: Cat Breed: tabby Age: 4 Altered: Y N U
Sex: Male Female Unknown Microchipped: Y N Microchip# _____
Proof of Vaccinations? yes Proof of Rabies Vaccination? Y On Medication(s) Y N U
If yes complete Medication Log S-008
Coat Color/Pattern/Markings: grey and white striped

Is there anything else we need to know (allergies/diet restrictions/feeding/can we walk outdoors/medical conditions/behaviors):
she is very shy and just gave birth last week

Items to be returned to owner(toys, leash, food, meds, etc): blanket

Photo location (Fred's phone, WASART camera, etc): WASART Camera

Animal Information
Intake Date: 12/20 Time: 3pm Animal Name: Salty Animal ID#: 002B-1
 Owned Stray Other Expected pickup date: 12/21 Time: 5pm

If Stray, date & location found: _____
Species: Kitten Breed: _____ Age: 1 week Altered: Y N U
Sex: Male Female Unknown Microchipped: Y N U Microchip# _____
Proof of Vaccinations? N/A Proof of Rabies Vaccination? NO On Medication(s) Y N U
If yes complete Medication Log S-008
Coat Color/Pattern/Markings: grey

Is there anything else we need to know (allergies/diet restrictions/feeding/can we walk outdoors/medical conditions/behaviors):
only one week old, nursing

Cage Card

Case Worker #1 will complete the top portion— each animal gets their own cage card.

Note: This document needs to be complete and legible. It will follow the animal throughout the shelter.

Deployment ID#: EN-24 Date: 12/8/24

WASART
Washington State
Animal Response Team

CAGE CARD
Keep With Animal

Cage/Stall # D12
Report location to Intake

Animal ID# 008A

Animal Name: Pancake Age: 8

Species: Dog Breed: Border Collie

Color/Markings: Black with white spot on chest Altered Y/N

Expected pickup: Date: 12/9/24 Time: 5pm

Notes: Circle what applies (diet, behavior, medical conditions, allergies, etc.)
He can't eat chicken and doesn't like his tail touched

On Medication(s): YES NO (if yes, reference form S-008)


Proof of current vaccinations: YES NO Proof of rabies vaccination: YES NO

All forms are to be filed and kept at Intake except the Cage Card. The Cage Card will go wherever the animal goes in the shelter.

Master Animal ID Log

All animals admitted to the shelter will be listed on the Master Animal ID Log. If an animal is moved to a different location during their stay (example shy dog moved to a quieter area) it will be noted on the Log.

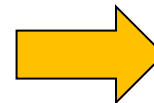
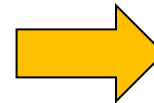
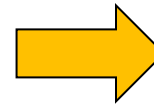
Note: Contact Housing for the Housing location if they forget to notify Intake first.

 Master Animal ID Log - Intake										
Station: <u>Intake 1</u>		Deployment ID#: <u>EN24</u>			Shelter Location: <u>Enumclaw Fairgrounds</u>		Date: <u>12/20/24</u> To <u>12/21/24</u>			
Date/Time In	Animal ID #	Species	M/F	Age	Animal's Name Owner/Agent/ Finder	Housing Location	Notes: est. pickup date/time; who will pick up; unaltered; ETC.	Medical Care Provided Y/N	Final Disposition	Date/Time Out
8/20/24 12:30	002A	Dog	M	12	Fluffy Sam Jackson	D-3	8/20 3:30, Sam Jackson	ask vet for records	Owner Claimed	8/20/24 2pm
12/20/24 4:30pm	002A	Dog	M	2	Fluffy/Sam Jackson	D-3	12/21 5pm Sam	N	Owner Claimed	12/21 3pm
12/20/24 4:30pm	002B	Cat	F	3	Sammy/Sa m Jackson	C-2	12/21 5pm Sam	Y	Owner Claimed	12/21 3pm
12/20/24 4:30pm	002B-1	Kitten	M	1 week	Salty, Sam Jackson	C-2	12/21 5pm Sam	N	Owner Claimed	12/21 3pm
12/20/24 4:30pm	002C (8)	Cows	F		Herd/Sam Jackson	F-1	12/21 5pm Sam	N	Owner Claimed	12/21 3pm

Animal Disposition Form

When the owner is ready to pick up the animal, a Case Worker will complete the top portion.

The animal owner/agent will initial in the correct area and sign at the bottom.



Animal Disposition

Deployment ID: EN24-1 Date: 12/21/24 Time: 5pm

Picking up # 11
of # 12 animals

Official Use Only

Name of Owner/Agent: Sam Jackson Owner ID#: 001
 Owner/Agent Phone: 552-445-3156 Email: sam.jackson@hotmail.com
 Home Address: 4242 Columbia Way SE City/State/Zip Seattle, WA 98002

Animal ID #	Species/Name	Medical Care Provided	Disposition (Reclaimed, Transferred, Surrendered, Other)	Notes/Comments
001A	dog, fluffy	N	reclaimed	Sammy wasn't eating, we syringe fed her Owner will pick up Charlie 001D 12/22/24
001B	cat, sammy	Y	reclaimed	
001B-1	kitten, salty	N	reclaimed	
001C (8)	cow herd	N	reclaimed	

WASART Disposition Contract: This contract is made between the Washington State Animal Response Team (WASART) and the Owner or Owner's Agent listed above. An agent is an individual whom the Owner has designated to take possession of his/her animal(s) and to provide care for and housing for the animal(s) until it/they can be permanently reunited with the legal owner. Authorized agents must be 18 years of age. By signing this document, I affirm that all statements and information provided to WASART are true and correct. Violation by the Owner/Owner's Agent of any of the terms of this contract or discovery of false information given to WASART immediately voids and nullifies this contract and the release of the animal(s).

Owner/Owner' Agent to initial all applicable dispositions below:

SJ 1. **Animal(s) Reclaimed** – In signing below, I acknowledge receipt from WASART of the animal(s) being released into my possession as indicated above. I understand that while these animal(s) were in the custody of WASART there may have been exposure to contagious diseases and parasites. I agree WASART shall not be held responsible for any medical expenses I may subsequently incur to treat the released animal(s). I agree to assume all risk and responsibility for the animal(s) released into my possession.

2. **Animal(s) Surrendered by Owner** – In signing below, I acknowledge I am the owner and understand that WASART assumes immediate custody and control of my animal(s) as indicated above. I hereby relinquish all my interest and ownership in the animal(s) to WASART.

3. **Animal(s) Transferred or Other Disposition** – In signing below, I acknowledge that the animal(s) as indicated above have been transferred to the care of another entity and/or other indicated disposition. I understand that WASART will no longer be responsible for the above animal(s).

Owner/Agent Name: Samual Jackson Signature: _____ Date: 12/21/24

WASART Representative's Name: WASART Rep Signature: _____ Date: 12/21/24

Animal Disposition Form

When the owner reclaims their animal, the case worker will ensure important details of the animals' stay are relayed to the owner.

- Animal's behavior
- Changes in health status
- Eating issues
- Owner surrendered animal