

LSPCA Intake Form

Please provide as much information as possible

Name of Person Completing This Form *

First Name

Last Name

Today's Date *



Month Day Year

Name of Animal *

Type of Animal *

- Dog
 Cat
 Other

Gender *

- Male
 Female

Breed *

Approximate age (best guess) *

Approx. Weight *

Color *

Intake Date *

Intake Location *

Intake Reason *

HW Status if known

Foster Assignment *

Spay/Neutered? *

- Yes
- No
- Not Sure

Add any important information about this animal or their story

Submit