

Disaster Impound Sheet

Impound Record No:

Staff ID:

Intake Information

Date and Time: Type: Subtype:

Found Location:

Hold:

Until:

Finder/Source Information

First Name:

Last Name:

Phone:

Email:

Animal Information

Animal ID: Type: Sex: DOB/Age:

Breed 1: Breed 2:

Color 1: Color 2:

Identification Tags/Microchip:

Release Information

Date and Time: Type: Subtype:

Staff ID:

Custodian/Agency Information

First Name:

Last Name:

Agency:

Phone:

Email:

Notes:

Originating Shelter/Facility: