



Dont Bully My Breed, Inc. Animal Intake Form

Facility/Rescue Contact Information

Name (facility/rescue): _____

Address: _____

Contact person: _____ Phone: _____

Animal Identification Information

Animal's Name: _____ Age: _____ Gender: _____ Altered? Y N

Breed: _____ Size/Weight: _____ Color/Markings: _____

Current condition of animal: _____

Housebroken: Y N Good with other animals: Y N Aggressive: Y N Microchip: Y N

Animal Medical Information

Vaccinations current: Y N Known vaccinations given: _____

Known medical history/injuries: _____

Known disease status: _____

Known medications needed: _____

Animal Relinquishment Agreement

I hereby waive all rights to the animal described above to Dont Bully My Breed, Inc effective immediately.

Signature: _____ Date: _____