



Stray Admission Profile

Please complete this form prior to your admissions appointment.

FOR STAFF USE ONLY	Name of Pet: _____
A# _____	Data Entry completed by _____ on _____

Date & Time of Appointment _____

REQUIRED INFORMATION

Did this pet bite a human while in your care? Yes No
 If yes, how many times has he broken skin? _____
 When was the last time he bit a human? _____
 Do you know what prompted the bite? _____

Was this pet ever in a fight with another animal? Yes No
 If yes, how many times? _____
 How long ago was the most recent fight?

 What were the circumstances?

Where did you find this pet? (Please be specific and include the closest main intersections). _____

How long have you had this pet? _____

Have you seen this pet in the area before? Yes. If so, for how long? _____ No

Where was this pet kept while in your care? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Inside/loose in the house | <input type="checkbox"/> Outside in a kennel |
| <input type="checkbox"/> Access to a doggy door | <input type="checkbox"/> Confined to one room |
| <input type="checkbox"/> In a crate | <input type="checkbox"/> Only in my car |
| <input type="checkbox"/> Outside in the yard | |

Did this pet seem to be house-trained or litterbox-trained?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Somewhat |
| <input type="checkbox"/> No | <input type="checkbox"/> Has not been in my house |

Was this pet wearing a collar or tags when found?

- Yes (Please describe): _____
 No

Was this pet easy to catch?

- Yes (Please describe): _____
 No (Please describe): _____

Have you noticed this pet display any concerning behavior toward people or other animals?

- Yes (Please describe): _____
 No

Are you able to comfortably handle this pet?

Yes No (Please describe): _____

Have you discovered anything this pet likes? _____

Did this pet try to escape while in your care?

Yes. How? _____ No

Has this pet been around any children?

Yes (Ages of children): _____ No

How did this pet respond to the children? (Please check all that apply)

- Liked them Ignored them
 Hid from them Other _____
 Growled/hissed at them

Has this pet interacted with any of the following, to your knowledge? (Please check all that apply)

Cats. Please describe the age and gender of cat(s): _____

Did this pet do well with cats? Yes No. Please describe: _____

Dogs. Please describe the age, gender and breed of dog(s): _____

Did this pet do well with dogs? Yes No. Please describe: _____

Other: _____

Did this pet do well with this animal? Yes No. Please describe: _____

Have you noticed any potential medical concerns for this pet?

Yes, please describe: _____ No

What was the condition of this pet when found? (Please check all that apply)

- Heathy Injured
 Hungry/Thirsty In urgent need of veterinary care
 Dirty Other _____

Other relevant information about this pet: _____

Please email this completed form to our Admissions Team at Admissions@AnimalHumaneNM.org or print and bring it to your appointment. Thank you.