

Strays

Stray Dogs

The intake process assures that animals are examined, medicated and housed properly. Because comfort is important for an animal's overall wellbeing, attention is given to each individual animal and its needs. All stray dogs that come into the shelter wearing a collar will be held for a 12-day stray hold period before they can be placed up for adoption or euthanized. All stray dogs that come into the shelter NOT wearing a collar will be held for a 7-day stray hold period before they can be placed up for adoption or euthanized.

Intake of stray dogs.

1. Upon entry into the shelter, staff will complete the necessary paper work
 - a. Animal custody / Intake form (Attached a copy)
 - b. Animal Examination Form (Attached a copy)
 - c. Daily Observation Sheet (Attached a copy)
2. Stray dogs should be examined for identification including tattoo and microchip. The condition of the animal should be observed at this time. Any serious problems, such as mange, heavy infestation of fleas or ticks, ear mites, ear infections or other signs of illness or behavior problems should be recorded and properly handled with a vet.
3. Pregnant dogs near whelp and nursing mothers with young pups should be isolated in the nursery area with blankets for bedding. BLOCK the drains to prevent the puppies from going down the drains with swimming pool noodles.
4. Friendly dogs should be placed in the kennels on the back row away from the public for their hold period.
5. Vicious dogs or seized aggressive dogs will be placed in the aggressive dog area for their hold period. With locks on the kennel doors.
6. Puppies will be placed in the in the kennels on the back row away from the public for their hold period.

Strays

Stray Cats

The intake process assures that animals are examined, medicated and housed properly. Because comfort is important for an animal's overall well being, attention is given to each individual animal and its needs. All stray or feral cats that come into the shelter wearing a collar will be held for a 12-day stray hold period before they can be placed up for adoption or euthanized. All stray or feral cats that come into the shelter NOT wearing a collar will be held for a 7-day stray hold period before they can be placed up for adoption or euthanized. We cannot adopt feral cats out with the chance of injuring it's new adopter.

Intake of stray cats.

1. Upon entry into the shelter, staff will complete the necessary paper work
 - a. Animal custody / Intake form (Attached a copy)
 - b. Animal Examination Form (Attached a copy)
 - c. Daily Observation Sheet (Attached a copy)
 - d. Use a 3x5 index card to make a cage card for the cat kennel.
Put the cat's intake number, date, description and location it was found on the card.
2. Stray cats should be examined for identification including tattoo and microchip. The condition of the animal should be observed at this time. Any serious problems, such as mange, heavy infestation of fleas, ear mites, ear infections, ticks or other signs of illness or behavior problems should be recorded and properly handled with a vet.
3. Pregnant cats near birthing and nursing mothers with young kittens should be put in the large stainless steel cages in the back of the stray cat room.
4. Healthy looking stray and feral cats will be kept in the small stainless steel cages in the stray cat room for their stray hold period.
5. Sick friendly and feral cat will be kept in the small stainless steel cages in the cat isolation room for their stray hold period. These cats will need to see a vet for treatment with-in 24 hours.

Owner surrender of animals and How many animals we can house and care for

Owner surrender of an animal

(a copy of this form is attached)

If someone comes in and he or she has an animal they want to give up to us. There is a 24 hour holding period for owner-released animals. All animals released by their owners will be placed on the back row. Once they are ready for adoption the manager will move them to the front row. Any citizen wishing to surrender their animal must sign a form relinquishing all rights to the animal. Please have them read this form carefully before signing it. By signing this form the owner acknowledges that the animals may be euthanized. NO ONE CAN SIGN AND RELEASE SOMEONE ELSE'S ANIMAL.

Forms you need to fill out:

- a. Animal custody / Intake form (Attached a copy)
 - b. Animal Examination Form (Attached a copy)
 - c. Daily Observation Sheet (Attached a copy)
 - d. Pet Personality profile (Attached a copy)
1. We need to see a picture ID. Make a copy of the ID
If they just moved here and still have their old ID, then they need to bring in a copy of a utility bill, phone bill, etc. with their name and new address on it.
 2. They MUST be a Clarke County Resident, NO exceptions.
 3. There is a \$30.00 surrender fee per animal or per litter of animals.
 4. We can't make any guarantees that their animal will be adopted or PTS
 5. They can't drop off and come back and pick up their animal(s)

Clarke Animal Shelter

225 Ramsburg Lane, Berryville, VA 22611 Phone: (540) 955-5104 Fax: (540) 955-5115

Animal Custody Record *Required by 3.2-6557 B in VA Code*

Date of Record: _____ Intake Number/Animal ID: _____

Date of Custody: _____ Time of Custody: _____

Custody Record Prepared by (staff signature/title): _____

Animal Description

Species	Breed	Approx Age DOB if known	Other	Sex	Color/Markings	Approx weight

Animal Identification-write NONE for none found

Collar (color, type, etc)	Rabies Tag Number	I.D. Tag	County / City License No.	Tattoo	Micro-chip # & Registry Scan 1 Staff Initial:	Other

Reason for Custody-mark ALL that apply

Stray/At Large/unowned	Seized/Bite Quar	Owner Surrender	ACO Drop off	Transfer from a releasing agency VA Out of state	Other

Location where custody was taken:

Owner Name & Address (if known):

Additional Information:

Disposition of Animal (check ONE) DATE:

Transfer to VA agency:	Transfer to out of state agency:	Return to owner	Died in Custody	PTS (Euth)	Adopted	Other

Name of Releasing Agency:

Clarke County Animal Shelter

Animal Intake Evaluation

Date: _____ Time: _____ Initials: _____

Animal ID#: _____ Weight: _____ Sex: _____

Species: _____ Color: _____ Breed: _____

General Attitude:	General Condition:	Eyes:
Ears:	Nose:	Mouth:
Skin / Coat: (indicate presence of fleas/ticks)	Abdomen:	Urogenital/Reproductive: <input type="checkbox"/> Check if intact
Anus/GI:	Limbs:	Mobility:

Check mark=Appears Normal

Other remarks:

Abnormal findings noted on this sheet must be entered in shelter manager, as well as any preventatives given at time of intake such as de-worming medications or flea/tick treatments.

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225 Ramsburg Lane, Berryville, VA 22611 Phone: (540) 955-5104 Fax: (540) 955-5115

In House Record

Animal Name: _____

ID#: _____

In House Veterinary Care for Adoption

Micro-chip

Spay Date: _____

Neuter Date: _____

Rabies Done

DAPP FVRCP
Done

Bord Done (dogs c

Date: _____

Clinic: _____

Number/Sticker: _____

Intakes/Releases/Transfer/Adoption

Check One: _____

____ Owner Surrender

____ Finder for Stray Intake

Name (First and Last): _____

Phone Number: _____

Finder's Address: _____

Location Found: _____

Found Date/Surrender Date: _____

I am surrendering all property rights in the animal described on the Clarke Animal Shelter Custody Record. No other person has a right of property in the animal. I certify that I have informed C.C.A.S representative of any bites within the last ten (10) days involving this animal. I understand that this animal may be immediately euthanized or disposed of in accordance with Virginia State Code § 3.2-6546. **INITIAL HERE**

FOR OWNER SURRENDER:

To the best of my knowledge this animal ___ HAS or ___ HAS NOT previously bitten a person or another animal resulting in injury or death.

Fees Due:\$_____ Paid with: Cash/Card Check #: _____ Money Order # _____

Date: _____ Signed: _____ CCAS Staff: _____

Check One: _____

____ Adoption

____ Return to Owner

Name (First and Last): _____

Phone Number: _____

Address: (physical and mailing if they differ)

Date: _____ Signed: _____ CCAS Staff: _____

Fees Due:\$_____ Paid with: Cash/Card Check #: _____ Money Order # _____

Died In Care Date: _____ CCAS Signature: _____

Euthanaized Date: _____ CCAS STAFF: _____

PTS at: _____

Owner Surrender Dog Profile

Please answer these questions accurately, truthfully, and with the greatest detail possible. This will help us better place the animal.

Has this animal bitten any person or animal in the last ten days? ☐ Yes ☐ No

If yes, was this reported to law enforcement, animal control, or the health department? ☐ Yes ☐ No

If yes, what jurisdiction was the report made? _____

If yes, please describe the circumstances: _____

Pet Information

Dog Name: _____ Age: _____ Breed: _____

Color/Markings: _____ Microchip #: _____

☐ Female ☐ Spayed Female ☐ Male ☐ Neutered Male

Has your dog ever bitten any person or animal? ☐ Yes ☐ No If yes, did it break skin? ☐ Yes ☐ No

Please explain: _____

How long have you had this dog? _____ Where did you get this dog? _____

If you rescued/adopted, what was the name of the facility? _____

Have you tried rehoming this dog? ☐ Yes ☐ No

Why are you surrendering your dog today? (Please be as detailed as possible, this will help us best place the dog)

If we could help you resolve this issue, would you be interested in keeping this dog? _____

Lifestyle

What family members did this dog live with? (Check all that apply):

☐ Adult men ☐ Adult women ☐ Senior citizens ☐ Children (ages): _____

How does this dog behave around family members? _____

Describe this dog's behavior around children: _____

Would you recommend placing this dog in a home with children? ☐ Yes ☐ No

What areas of the home did this dog have access to? (Check all that apply):

☐ Indoor only ☐ Outdoor only ☐ Indoor/Outdoor ☐ Indoor w/ access outside

☐ Garage or basement ☐ Barn/shed

How many hours a day is this dog home alone? _____ Is this successful? _____

Where does this dog stay when home alone?

☐ Crate ☐ Loose in house ☐ Outside ☐ Garage/basement ☐ Confined in a room

How did you confine your dog when/if outside?

☐ Fenced (What type: _____) ☐ Kennel ☐ Leashed

Has your dog ever escaped confinement? ☐ Yes ☐ No

If yes, please explain: _____

What other animals has this dog lived with? (Check all that apply):

☐ Male cats (Altered? Y / N) ☐ Female cats (Altered? Y / N) ☐ Male dogs (Altered? Y / N)

☐ Female dogs (Altered? Y / N) ☐ Small mammals ☐ Other: _____

Describe this dog's behavior around other animals: _____

Would you recommend placing this dog in a home with other cats/animals? ☐ Yes ☐ No

How many times a day is this dog fed? _____ What and how much do you feed? _____

Behavior & Personality

How would you describe this dog? _____

How energetic/active is this dog? Please explain: _____

Has this dog displayed any food aggression/resource guarding? ☐ Yes ☐ No

How is this dog around strangers? (Never-met-a-stranger, fearful, shy, etc): _____

Is this dog house trained? ☐ Yes ☐ No

Does this dog know any commands/have any training? ☐ Yes ☐ No

If yes, what does this dog know? (Check all that apply):

☐ Sit ☐ Stay ☐ Lie down ☐ Give paw ☐ Recall
☐ Other: _____

How does this dog walk on a leash?

☐ Level 1: Walks well on leash, little to no concerning behavior

☐ Level 2: Can pull on leash, may have some behaviors

☐ Behavior to watch out for: _____

☐ Level 3: Very strong on leash, needs an experienced handler, may have some behaviors.

☐ Behavior to watch for: _____

☐ Level 4: Reactive and insecure on leash, needs training

Medical History

Does this dog have any known medical issues? ☐ Yes ☐ No

If yes, please explain: _____

Is this dog up-to-date on vaccines? ☐ Yes ☐ No

Is this dog on any medication or have any special dietary needs? ☐ Yes ☐ No

If yes, please explain: _____

Who is this dog's regular veterinarian? _____

Please be aware that if you have not brought medical records today, we will call to request records for proof of vaccination and any pertinent medical history, if applicable.

By signing the line below, I certify that I am the legal owner of the animal represented in this questionnaire, and that all information provided is accurate and truthful.

Signature: _____ Date: _____