



Making of Miracle Stories
Animal Rescue of VA

INTAKE PROCEDURES

MOMSVA is an independent animal rescue group which provides charitable services in the form of caring for dogs and cats who have been orphaned through loss, surrender or abandonment, and to place said animals into suitable, qualifying homes. We provide veterinary care, a quality food, a safe environment, socialization, and shelter for all animals rescued by this Corporation.

The dogs taken in by MOMSVA come from government shelters, other rescue groups and private owners.

The decision to take a dog in is made by the President and/or the Foster Coordinator. Decisions are made based on the availability of foster space and adoptability (size, breed, age, health, etc.)

Intake evaluations are a critical control point for animals entering the MOMSVA system. Identifying problems at intake helps:

- Ensure each animal receives care promptly
- Provide information to facilitate the selection of the proper foster home.
- Limit exposure to the rest of the pets
- Enhance safety

Once notified an animal is available for intake, we will do the following:

- Gather as much information as possible regarding their age, breed, sex, vaccine history, known medical issues, personality and background history.
- When possible, meet the animal and assess behavior.
- Identify an available foster home.
- Once the decision is made to take the animal into our system, transport is arranged.
- For private individuals, an owner surrender form is completed. See Exhibit A.
- For government shelters and other rescue groups, transfer paperwork is completed. See Exhibit B
- Create an adoption file
- Provide a collar and id tag with MOMSVA contact information
- Vaccinate and deworm the pet
- Address sick and injured animals promptly
- Schedule for spay/neuter surgery when appropriate.

Making of Miracle Stories

M.O.M.S. VA

www.momsrescueva.orgmomsrescue@gmail.com

Owner Release

Owner Information:

Full Name: _____

Street Address: _____

(city, state, zip code)

Email Address: _____

Home phone with area code: _____

Work phone with area code: _____

Cell phone with area code: _____

Pet Information:

Breed: _____

Male or Female

Name: _____

Approx. age: _____

Color: _____

Weight: _____

Medical Information:

Please provide all medical information / records upon surrender.

Rabies expiration date: _____

Parvo/distemper expiration date: _____

Date and type of last flea/tick preventative (frontline, advantix, etc...)

Date and type of last heartworm preventative (heartguard etc...) _____

Any medical issues? (special diet, allergies, injuries, blindness, heart disease, etc..)

Name, address and phone number of veterinarian who has seen this animal:

Initial to give permission for MOMS VA to contact this veterinarian and confirm the animal's records _____ (Initials)

Behavior Information:

Has the animal snapped, bitten, or shown aggressive behavior towards:

	YES	NO	Details
Adults	_____	_____	_____
Children	_____	_____	_____
Dogs	_____	_____	_____
Cats	_____	_____	_____
Others (specify)	_____	_____	_____

Has the animal had any formal training?

_____ive behavior? _____

With my signature, I certify that I am the owner of this pet and hereby relinquish that ownership. By signing, I certify that the above written information is correct and signify and understanding of the above.

I, _____ am the owner of the above specified pet and hereby release said pet to MOMS VA for the purpose of re-homing.

Volunteer's name: _____



SUSSEX COUNTY ANIMAL SERVICES
14493 Robinson Road
Stony Creek, Virginia 23882
434-246-2167

Transfer Agreement

Case #	16121203
Date:	12/14/16

JASPER
#250 - "Dog"

Agency Information			
Agency:	Making of Miracle Stories Animal Rescue		
Address:	PO Box 452		
City/County:	Glen Allen	State:	VA Zip Code: 23060
Phone Number:		FID#	46-1629125
Representative Information			
Representative Name:			
Address:			
City/County:		State:	Zip Code:
Phone Number:			
Animal Information			
Species:	Yorkie mix		
Breed:	Canine		
Sex:	Male		
Age:	4 months 1-2 YRS		
Color:	Blk/Brown with white markings		
Shelter Vaccinations/Treatments:	None		

The undersigned representative of the above named agency and the Sussex County Animal Services Department hereby acknowledge the representative has received the animal described above and hereinafter referred to as "the animal" from Sussex County Animal Services. The representative agrees on behalf of the agency to the following terms and conditions:

- 1) The representative attests and affirms by his/her signature below that he/she has never been convicted of animal cruelty, neglect or abandonment.
- 2) The representative agrees on behalf of the agency that :
 - a) The animal shall be placed by the agency solely as a pet.
 - b) **STERILIZATION OF THE ANIMAL IS REQUIRED BY SECTION 3.2-6574 OF THE CODE OF VIRGINIA.** The representative agrees on behalf of the agency that the agency shall assume full responsibility for compliance with the provisions of 3.2-6503, 3.2-6546, 3.2-6549, 3.2-6550 and 3.2-6574 to 3.2-6580 which provides for the care, confinement, release and sterilization of dogs and cats.
- 3) Sussex County Animal Services makes no warranties or representations about the animal, its temperament, health, condition, or suitability for adoption. The representative agrees on behalf of the agency, to indemnify, defend and hold Sussex County harmless for any costs, claim, liability, damage, or injury of any nature, past, present or future that may occur as a result of accepting the animal.
- 4) Sussex County Animal Services acknowledges that the agency may return the animal to Sussex County Animal Services Department.

Agency Representative Signature

[Signature]

Date 12/14/16

[Signature]