



Prospect Intake Form

Date: _____

Animal's Name: _____

Sex: FEMALE MALE

Age: _____ DOB: _____

Declawed? YES NO

Please Check: Friendly Semi-friendly WILD

Breed/Description: _____

Reason for Requesting FF&F Intake this animal: _____

What is the urgency for FFF to help this animal on a scale from 1 to 5, with 1 representing more than 4 weeks until help is needed and 5 is urgent (please circle a number).

1 2 3 4 5

List any known medical treatment (e.g. vaccinations, health checks, etc.) Provide written documentation from a veterinarian if possible.

Please list a timeframe or specific date that the animal's caretaker can no longer take care of the animal:

Contact Information for Person Completing this form:

Name: _____

Address: _____

City, State, Zip: _____

Telephone (daytime): _____ (evening): _____

E-MAIL: _____

I certify that all information listed above is true. If I find a home for the animal listed on this form, I will notify FFF by calling the shelter 610-760-9009 to be considerate of FFF's intake process.

Signature: _____

Date _____

Return this form to:
Forgotten Felines & Fidos
Attn: Prospect Intake
PO BOX 62
Germansville PA 18053

Or email to:
forgottenfelinesfidos@gmail.com

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