Second Leash

Owner / Family Intake Form

We believe in second chances.

Dog Owner / Handler Information)
Owner's Full Name _____
Date of Birth _____
Phone Number _____
Email Address _____
Current Status
□ Currently incarcerated
□ Pending incarceration
□ Other: _____
Facility Name (if applicable) _____
Expected Release Date (if known) _____

Family / Alternate Contact
Primary Family Contact Name _____
Relationship to Owner _____
Phone Number _____
Email _____
Address _____
Is this person authorized to make decisions about the dog?
□ Yes
□ No

Dog Information
Dog Name _____
Breed / Mix _____
Age ____

Dog Information (continued)

Microchipped?

□ Yes

□ No

□ Unknown

Sex

□ Male

□ Female

Spayed / Neutered

□ Yes

□ No

□ Unknown

Weight (approx.) _____

Color / Identifying Marks

_____

_____

_____

Health Information

Veterinary clinic (if known)_____

Known medical conditions _____

_____

_____

Current medications _____

_____

_____

Vaccination status

□ Up to date

□ Not up to date

□ Unknown

Veterinary records available?

□ Yes

□ No

Behavior & Care Notes

Temperament

□ Friendly

□ Shy

□ Nervous

□ Protective

□ Other: _____

Good with other dogs?

□ Yes

□ No

□ Unknown

Good with children?

□ Yes

□ No

□ Unknown

Any bite history?

□ Yes

□ No

Additional notes about behavior, routines, or special care _____

_____

_____

_____

Dog Location & Pickup

Where is the dog currently located?

□ Owner residence

□ Family home

□ Shelter

□ Other: _____

Address where dog can be picked up _____

_____

Is the dog currently safe and contained?
□ Yes
□ No
Preferred pickup timeframe _____
_____
Urgency level
□ Immediate
□ Within 48 hours
□ Flexible timeline

Owner / Family Authorization
I confirm that the information provided is accurate and that I am authorized to request temporary care for this dog through Second Leash.

Name _____
Title _____
Signature _____
Date _____