Second Leash

Partner Referral Intake Form

We believe in second chances.

Referring Organization Information

Organization Name _____

Program Type

□ Animal Shelter

□ Nonprofit Organization

□ Reentry Program

□ Community Program

□ Other: _____

Primary Contact Name _____

Title / Role _____

Phone Number _____

Email Address _____

Organization Address _____

Dog Owner / Handler Information (If Known)

Owner's Full Name _____

Is the owner currently incarcerated?

□ Yes

□ No

□ Pending

Facility Name (if applicable) _____

Expected Release Date (if known) _____

Owner Emergency Contact

Name: _____

Phone: _____

Dog Information

Dog Name _____

Breed / Mix_____

Age _____

Sex

□ Male

□ Female

Spayed / Neutered

□ Yes

□ No

□ Unknown

Weight (approx.) _____

Color / Identifying Marks

_____

_____

_____

Health Information

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 _____

_____

_____

_____

Referral Details

Where is the dog currently located?

□ Shelter

□ Foster

□ Owner residence

□ Other: _____

Is the dog safe and contained right now?

□ Yes

□ No

Urgency level
□ Immediate
□ Within 48 hours
□ Flexible timeline

Authorization
I confirm that the information provided is accurate and that my organization is authorized to submit this referral.

Name _____
Title _____
Signature _____
Date _____