



*Rutherford County*  
**Pet Adoption &  
Welfare Services**

285 John R. Rice Blvd. Murfreesboro, TN 37129  
(615) 898-7740 or Fax (615) 898-7994

SURGICAL INTAKE FORM FOR PRIVATELY OWNED ANIMALS  
\*\*Please provide a copy of your driver's license or government issued ID \*\*  
If the address on your ID is outdated, please provide a copy of proof of residency  
(utility bill, medical bill, etc.)

OWNER INFORMATION

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Email Address: \_\_\_\_\_

ADDRESS

Street: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

ANIMAL INFORMATION

Dog / Cat (circle one)

Name: \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Secondary Breed: \_\_\_\_\_

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Markings: \_\_\_\_\_

Age: \_\_\_\_\_ Months / Years (circle one)

Sex: Female / Male (circle one)

DEMOGRAPHIC INFORMATION

This is for private use only and you will remain anonymous. This information will help us provide better programs and services to Rutherford County Residents.

Income: \_\_\_\_\_ per week / year (circle one)

What prevented you from having your animal spayed or neutered prior to today?

- Cost
- Time (difficulty scheduling a convenient surgery day/time)
- Distance (difficulty traveling to the veterinarian)
- Didn't feel it was important/necessary
- Other: \_\_\_\_\_

FOR OFFICE USE

Date Received: \_\_\_\_\_ Appt. Date: \_\_\_\_\_

PID: \_\_\_\_\_ AID: \_\_\_\_\_