



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/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** IF THE ADDRESS ON YOUR ID IS OUTDATED, PLEASE PROVIDE A COPY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 #: _____ WORK #: _____ ADDRESS STREET: _____ CITY/STATE: _____ ZIP: _____ EMAIL: _____ DRIVER'S LICENSE#: _____ 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: _____
