



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If the address on your ID is outdated, please provide a copy of proof of residency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.)

**I UNDERSTAND THAT ALL INFORMATION PROVIDED TO THIS DEPARTMENT IS SUBJECT TO
THE FREEDOM OF INFORMATION ACT. _____ Initials**

OWNER INFORMATION

Name: _____

Primary Phone #: _____ Secondary 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) Where did you get your pet? _____

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

FOR OFFICE USE

Date Received: _____ Appt. Date: _____

PID: _____ AID: _____

Verified POV: _____ Verified POA: _____