

CHECK-IN SHEET – PLEASE PRINT

Hohenwald Animal Control
Hohenwald, TN 38462

City Animal _____ County Animal _____

DATE: _____

After-hours Drop Off: _____

Picked Up By: _____

Location: _____

SURRENDERED BY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SURRENDER

REASON: _____

OWNER: Yes _____ No _____

Dog Name (if known) _____

Breed _____

Male ___ Neutered ___ Female ___ Spayed ___

Age _____ Weight _____

Color/Markings _____

General Condition _____

EUTHANASIA

DATE: _____

DOSAGE: _____

Administrated by: _____

Vaccination and Heartworm History (if known) _____

ADOPTED BY

Date: _____

Dog in Run # _____

NEW OWNER NAME:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____