



Wake County Co-Location Shelter
Animal Information Sheet

Animal Owner/Agent Name _____

Date _____ Contact number (in shelter) _____

| Name | Microchip # | Color | Sex | Breed | Age |
|------|-------------|-------|-----|-------|-----|
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(If the owner has more than four animals, please use an additional sheet with all areas completely filled out)

SIGNATURE BELOW INDICATES THAT THE OWNER OR GUARDIAN HAS CLEANED THEIR PET CAGE(S), RECEIVED THEIR PET(S), THEIR BELONGINGS AND IS CHECKING OUT OF THE SHELTER.

OWNER/AGENT SIGNATURE _____

DATE AND TIME CHECKED OUT _____

STAFF NAME _____ STAFF INITIALS _____