

Shelterly Service Request

Required info is First and Last name, Address, Species, First Responder Agency

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|---------------|------|------|----------|
| Incident Name | Date | Time | Taken by |
|---------------|------|------|----------|

Step 1 Owner or Reporting Party and Address of Animals

| | | |
|---|---------|--------------------------|
| OWNER | | |
| First and Last name* | Phone# | Alt Phone # |
| NON-OWNER / REPORTING PARTY / FIRST RESPONDER | | |
| Non-Owner First and Last Name* | Phone # | Agency (if applicable) * |
| COMMENTS/ALTERNATE CONTACT INFO, if any. | | |
| STREET ADDRESS AND CITY of animal location, or rough location. WRITE COMPLETE STREET NAME ("Ave" "Dr" "St") and City * | | |
| OWNER STREET ADDRESS AND CITY if different from animal location. | | |

Step 2 Animals to be Assisted - Animal Information

| | | | | | |
|---|---|---|---------------------------------------|--------------------------------------|-----|
| NAME OF ANIMAL | | SPECIES* | | SIZE | |
| PRIMARY COLOR | SECONDARY COLOR | SERVICE, DEFAULT IS REPORTED Reported / Evac Request / SIP Request | | SEX | AGE |
| FIXED Yes / No / Unknown | AGGRESSIVE Yes / No / Unknown | ACO REQUIRED Yes / No / Unknown | CONFINED Yes / No / Unknown | INJURED Yes / No / Unknown | |
| BREED/DESCRIPTION, ANIMAL NOTES and/or MEDICAL NOTES, if any. Include date/time last seen if known. | | | | | |
| MULTIPLE of same- # - How many of this EXACT ANIMAL (example: 20 chickens, 15 rabbits) If unknown, enter 1 and explain in Instructions for Field Teams. | | | | | |

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ADD ADDITIONAL Animals by using another SSR attached to this one

Step 3 Priority and Additional Information

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|--|------------------------------------|---|--|---|--|
| PRIORITY Urgent High (DEFAULT) Low | | | SR FOLLOWUP DATE (DEFAULT IS TODAY) | | |
| Instructions for Field Team - Notes for Evac/SIP to access animals, find address, keys, food, locks, other. | | | | | |
| VERBAL PERMISSION to force entry if needed? Yes / No | KEY AT STAGING? Yes / No | ACCESSIBLE WITH 2-WHEEL DRIVE? Yes / No | | CAN A TRUCK-TRAILER TURN AROUND? Yes / No | |

OWNER/REPORTING PARTY NAME from Page 1, to match if form is printed on separate sheets: _____

Step 4 For Data Entry

Entered in Shelterly Name _____ Date _____ Time _____ SR# _____