

*Location: Ward 1 / ICU/ Room 1/ Treatment area / Other _____ # _____

Northwood Animal Hospital Good Samaritan Form

*Admitting staff member _____

Date _____

Has this animal bitten anyone? Y / N

Time admitted _____

Reported found to shelter? Y / N

Owner surrender? Y / N

Good Samaritan Information

Name of Good Sam _____

Address of Good Sam _____

Phone number(s) of Good Sam _____

Animal Information:

Address animal was found _____

Species: Cat / Dog / Other: _____

Sex (Please circle) Male / Neutered / Female / Spayed Age (estimated) _____

Description of animal (breed, color, identifying marks): _____

ID on animal: Collar Y/N Tags Y/N Microchip Y/N

Collar color _____, Microchip Number _____

Rabies tag: Date _____ Number _____ Hospital contact number _____

Has this animal been injured? Please list all known pertinent information: _____

If owner information found was owner contacted: Y/N

Options (Good Sam must choose one of these options and sign below).

1. I accept full financial responsibility for this animal and am leaving a \$100 deposit.

Signature _____

2. I place this animal in the care of Northwood Animal Hospital. I realize that I cannot adopt this animal back from Northwood Animal Hospital. I realize that this animal may be transferred to the Leon County Animal Shelter or euthanized+- if he/she is suffering.

Signature _____

I would like to leave a \$ _____ donation to help support the Good Samaritan program.

Witness _____
Print

Signature _____