

\*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