

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: \_\_\_\_\_