

Data Collection Form

Staff Name _____

Client Information

Date Met: _____

Source of Information

- ☐ Door to Door–Met at Home
☐ Door to Door–Lives in Immediate Area
☐ Door to Door–Lives in Larger Focus Area
☐ Door to Door – Out of Focus Area
☐ Client Initiated Call
☐ Check-in Call

☐ Internal/External Organization Referral

☐ Building Walk-In

Gender ☐ Male ☐ Female ☐ Non-Binary

Age (estimate) _____

Notes _____

☐ **Current Client**

☐ **TNR Partner**

☐ **Out of Focus Area**

First & Last Name _____

Address _____

Home # _____

Mobile # _____

Email _____

Has the client ever contacted animal control or the animal shelter?

☐ No

☐ Yes

☐ Yes-Reported a concern

☐ Yes-Drop off pet

☐ Yes-Information

☐ Yes-Lost/Taken Pet

☐ Yes- Loose/Roaming

Ethnicity

☐ Black

☐ Asian

☐ Latino

☐ White

☐ Native/Indigenous

☐ Other

Language

☐ English

☐ Spanish

☐ Other _____

Pet Information

Pet Name _____

Species ☐ Cat ☐ Dog ☐ Rabbit ☐ Other _____

Gender ☐ Female ☐ Male

Spayed/Neutered ☐ No ☐ Yes ☐ Don't Know

Is client interested in S/N? ☐ Very ☐ Somewhat ☐ Not at all

Age ☐ Puppy/kitten (nursing) ☐ Puppy/kitten (not nursing)

☐ Juvenile ☐ Adult ☐ Senior

Where did the pet come from?

☐ Breeder ☐ Found/Roaming ☐ Neighbor/Family Friend

☐ Pet's Litter ☐ Pet Store ☐ Online/Newspaper

☐ Shelter/Rescue

Type of Dog ☐ Toy ☐ Medium ☐ Large ☐ Extra Large

Breed Information _____

Seen a Vet Before

☐ No

☐ Yes – Check-up

☐ Yes - Emergency

☐ Yes – Microchip

☐ Yes – Spay/Neuter

☐ Yes – Vaccination

☐ Don't Know

Had any Vaccinations

☐ No

☐ Yes

☐ Don't Know

Has a Microchip

☐ No

☐ Yes

☐ Don't Know

If Different from the Client:

Date met _____

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