

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0001	Animal Name Molly		Intake Date 4-25-2024	
Source Information				
Name Joe White		Phone Number/Email 503-555-5555		
Street Address 123 Main St		City Salem	State OR	Zip 97111
Animal/Intake Information				
Age 4	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species Dog	Breed Golden Ret.
Weight 48.2	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition Slightly thin		
Microchip 985141 000 000 000		Tattoo, other identification —		
Other defining characteristics of the animal or details about intake Found at corner of Main & 1st St.				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID 0DA 0001		Animal Name Molly			
Locations Kept While in ARE Custody					
Location 1	Start Date 4-25-24	End Date 6-1-24	Location Type: <input checked="" type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name ODA Main		Phone Number/Email 503-986-4680		
	Street Address 635 Capitol St NE		City Salem	State OR	Zip 97301
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Animal Disposition					
Date 6-1-24		Disposition Type: <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody Jim White		Phone Number/Email 971-555-5555			
Street Address 999 9th St		City Silverton	State OR	Zip 97381	



OREGON
DEPARTMENT OF
AGRICULTURE

Revised 9/2024

Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID		Animal Name		
ODA 0001		Molly		
Medications Administered				
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
4/26/24	ms	Heartgard 26-50# plus	1 tab	
"	ms	Nexgard 24-60#	1 tab	
5/5/24	ms	Epi-OTc cleaner	topically	
5/6/24	ms	carprofen 75mg	1 tab BID	ended 5-8-24
5/26/24	ms	Nexgard 24-60#	1 tab	weight 51#
"	"	Heartgard 50-100#	1 tab	

Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
ODA 0001	Molly	
Animal Care Notes		
Date	Initials	Notes
5-5-24	ms	Spayed at The Vet Clinic by Dr. Smith

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA0002	Animal Name Shep	Intake Date 9-1-24		
Source Information				
Name AAA County Dog Control		Phone Number/Email 555-4646-7777		
Street Address 100 Hwy 200 W		City Somewhere	State CA	Zip 95000
Animal/Intake Information				
Age 7	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input checked="" type="checkbox"/> MC	Species K9	Breed Old Eng. Sheepdog
Weight 71.8	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition Lump on rt shoulder; lumps on left hind		
Microchip 977 111 111 111 000		Tattoo, other identification		
Other defining characteristics of the animal or details about intake Treated with Advantage by AAA Co. Dog Control on 8-25-24. Rabies, DHPP, & Bord given at AAA Co. Dog Control, see attached records.				
Out-of-State Animals				
CVI Number 9SCA-115587954	Veterinarian Issuing CVI Sarah Beachy		Date of Rabies Vaccine 8/25/2024	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input checked="" type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA 0002		Animal Name Shep			
Locations Kept While in ARE Custody					
Location 1	Start Date 9-1-24	End Date 9-4-24	Location Type: <input checked="" type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name ODA Main		Phone Number/Email 503-986-4680		
	Street Address 635 Capitol St NE	City Salem	State OR	Zip 97301	
Location 2	Start Date 9-4-24	End Date 10/10/24	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Ann Smith		Phone Number/Email 971-555-0000		
	Street Address 1234 Last St	City Salem	State OR	Zip 97302	
Location 3	Start Date 10/10/24	End Date	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Jane Jones		Phone Number/Email 503-111-1111		
	Street Address 567 Next Pl.	City Keizer	State OR	Zip 97306	
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Animal Disposition					
Date		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody			Phone Number/Email		
Street Address			City	State	Zip



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Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID		Animal Name		
ODA 0002		Shep		
Medications Administered				
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
9-1-24	RS	carprofen 100mg	1 tab every AM	ongoing medication
9-25-24	AS	Trifexis 60-120#	1 tab	
10-24-24	JJ	Trifexis 60-120#	1 tab	
11-25-24	JJ	Trifexis 60-120#	1 tab	

Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
00A0002	Shep	
Animal Care Notes		
Date	Initials	Notes

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0020 and 0579-0036. The time required to complete this information collection is estimated to average .13 to .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulations shall be delivered to any intermediate handler or carrier for transportation in commerce unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0020
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)

☒ Dog ☐ Cat ☐ Other _____
☐ Nonhuman Primate ☐ Ferret ☐ Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

93CA-115587946

3. TOTAL NUMBER OF ANIMALS

1

4. PAGE

1 of 1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

AAA County Dog Control
100 Hwy 200 W
Somewhere, CA 95000
555-666-7777

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)

ODA Main
635 Capitol St NE
Salem, OR 97301
503-986-4680

USDA License/or Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1) Shep - 9777111111111000	Old Eng. Sheepdog	7y	MC	Gray/white
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS			
Vaccination Date	Product	Date	Product Type and/or Results
8/25/2024	Zoetis	8/25/2024	Adtanvage

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

- ☐ I have verified the presence of the microchip, if a microchip is listed in box 7.
- ☐ I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
- ☐ To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)

PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

Sarah Beachy
11001 Chester St SW
Somewhere, CA 95000

LICENSE NUMBER AND STATE

Accredited ☒ Yes ☐ No
If yes, please complete below

NATIONAL ACCREDITATION NUMBER
000999

NOTE: International shipments may require certification by an accredited veterinarian.

SIGNATURE OF USDA VETERINARIAN

Apply USDA Seal or Stamp here

DATE

SIGNATURE OF ISSUING VETERINARIAN

DATE

9/2/2024

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0003	Animal Name Luna		Intake Date 5-5-24	
Source Information				
Name Jane Miller		Phone Number/Email 971-111-0000		
Street Address Refused to provide		City Salem	State OR	Zip
Animal/Intake Information				
Age 8	<input type="checkbox"/> Day(s) <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species cat	Breed DSH
Weight 8.4	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition recently weaned kittens		
Microchip 985141 000 000 001		Tattoo, other identification		
Other defining characteristics of the animal or details about intake owner surrender - too many cats. Found homes for her kittens.				
Out-of-State Animals				
CVI Number — N/A	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA 0003		Animal Name Luna			
Locations Kept While in ARE Custody					
Location 1	Start Date 5-5-24	End Date 6-2-24	Location Type: <input checked="" type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name ODA Main		Phone Number/Email 503-986-4680		
	Street Address 635 Capitol St NE		City Salem	State OR	Zip 97301
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Animal Disposition					
Date 6-2-24		Disposition Type: <input type="checkbox"/> Adoption <input checked="" type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody ABC Humane Society			Phone Number/Email 503-555-1234		
Street Address 1111 Madras St			City Portland	State OR	Zip 97222



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DEPARTMENT OF
AGRICULTURE

Revised 9/2024

Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID ODA 0003		Animal Name Luna		
Medications Administered				
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes
5-5-24	DR	Revolution Fc 5-15#	1 tube topically	
5-10-24	MS	FVRCP vacc		at The Vet Clinic
5-10-24	MS	Rabies vacc		at The Vet Clinic
5-24-24	MS	FVRCP vacc booster		at facility

Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
ODA 0003	Luna	
Animal Care Notes		
Date	Initials	Notes
5-10-24	ms	Spayed at The Vet Clinic. Injectable pain meds given at clinic.

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0004	Animal Name Double Stuf	Intake Date 10-1-2024		
Source Information				
Name ABC Humane Society		Phone Number/Email 503-555-1234		
Street Address 1111 Madras St		City Portland	State OR	Zip 97222
Animal/Intake Information				
Age 6	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input checked="" type="checkbox"/> MC	Species Feline	Breed DLH
Weight 16	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition overweight, some matted fur, some tartar		
Microchip 985 141 000 111 000		Tattoo, other identification		
Other defining characteristics of the animal or details about intake neutered, flea meds 9-10-24 at ABC Humane. See attached records.				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA 0004		Animal Name Double Stuf			
Locations Kept While in ARE Custody					
Location 1	Start Date 10/1/24	End Date	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Sarah House		Phone Number/Email 999-555-1111		
	Street Address 1010 10th St		City Monmouth	State OR	Zip 97361
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Animal Disposition					
Date		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody			Phone Number/Email		
Street Address			City	State	Zip



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Use this form to record medications and vaccinations administered to each animal in custody.



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Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
ODA 0004	Double Stuf	
Animal Care Notes		
Date	Initials	Notes
10/5/24	SH	bloodwork normal. Feeding Felme Metabolic for weight.

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0005	Animal Name Bugs	Intake Date 10-8-24		
Source Information				
Name John Smith		Phone Number/Email 971-555-0101		
Street Address 1001 ODA Ave		City Salem	State OR	Zip 97301
Animal/Intake Information				
Age 1	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input type="checkbox"/> F <input type="checkbox"/> FS <input checked="" type="checkbox"/> M <input type="checkbox"/> MC	Species Rabbit	Breed Flemish Giant
Weight 13	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition No issues		
Microchip 985141001001001		Tattoo, other identification		
Other defining characteristics of the animal or details about intake Stray found at 1001 ODA Ave.				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA0005		Animal Name Bugs			
Locations Kept While in ARE Custody					
Location 1	Start Date 10/8/24	End Date 11/1/24	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Carrie Jones		Phone Number/Email 541-555-5555		
	Street Address 900 Mam St	City Anywhere	State OR	Zip 97000	
Location 2	Start Date 11/1/24	End Date	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Sandy Houser		Phone Number/Email 503-111-1111		
	Street Address 987 Nameless Pl.	City Salem	State OR	Zip 97301	
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Animal Disposition					
Date		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody		Phone Number/Email			
Street Address		City	State	Zip	



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Revised 9/2024

Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID		Animal Name		
ODA 0005		Bugs		
Medications Administered				
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes

Animal Care Record

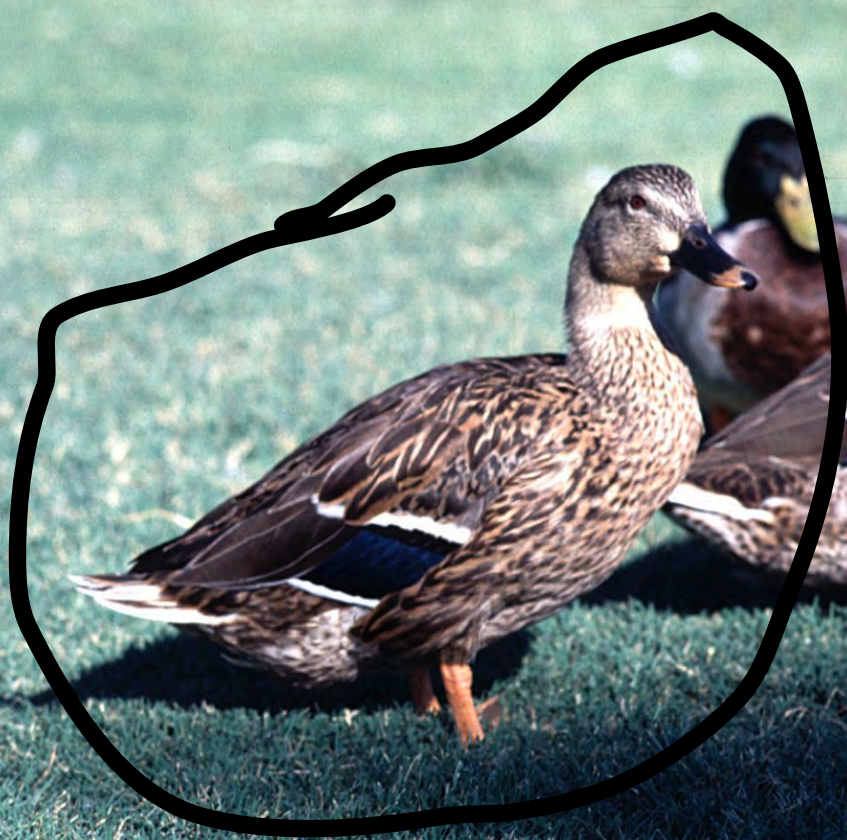
Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

[illegible]

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA0006	Animal Name Quackers		Intake Date 6-26-24	
Source Information				
Name Ed Farmer		Phone Number/Email 541-888-8888		
Street Address 12345 Hwy 1000 SW		City Silverton	State OR	Zip 97381
Animal/Intake Information				
Age 1 <input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species Duck	Breed Mallard	
Weight 2.4 <input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition No concerns			
Microchip		Tattoo, other identification Leg band 005 (blue)		
Other defining characteristics of the animal or details about intake Abandoned at property with 12 other ducks. New land owners brought in.				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include in File				
Additional Information to include in animal record:				
<input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal.				
<input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file.				
<input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA 0006		Animal Name Quackers			
Locations Kept While in ARE Custody					
Location 1	Start Date 6-26-24	End Date 6-30-24	Location Type: <input checked="" type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name ODA Main		Phone Number/Email 503-986-4680		
	Street Address 635 Capitol St NE		City Salem	State OR	Zip 97301
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Animal Disposition					
Date 6-30-24		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody			Phone Number/Email		
Street Address			City	State	Zip

Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
00A 0006	Quackers	
Animal Care Notes		
Date	Initials	Notes
6-30-24	ms	Kennel staff found deceased in AM.

Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

Animal Information				
Unique ID		Animal Name		
ODA 0006		Quackers		
Medications Administered				
Date/Time	Initials	Medication (include size/concentration)	Dose/Amount Given	Notes

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0007	Animal Name Sadie	Intake Date 5-17-24		
Source Information				
Name Sally Smith		Phone Number/Email 360-000-1000		
Street Address 2468 Hwy 1001		City Longview	State WA	Zip 98632
Animal/Intake Information				
Age 22	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species Equine	Breed QH cross
Weight 985	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition Long hair coat, overweight, poor muscle condition		
Microchip 840 003 000 000 000		Tattoo, other identification		
Other defining characteristics of the animal or details about intake owner can no longer care for her.				
Out-of-State Animals				
CVI Number 92I-190535	Veterinarian Issuing CVI Sarah Beachy		Date of Rabies Vaccine NA	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake – Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) – if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate – if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information						
Unique ID ODA 0007		Animal Name Sadie				
Locations Kept While in ARE Custody						
Location 1	Start Date 5-17-24	End Date	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:			
	Facility/Foster Name Jerry Johnson		Phone Number/Email 503-555-5151			
	Street Address 100 Farm Hwy		City Dallas	State OR	Zip 97338	
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:			
	Facility/Foster Name		Phone Number/Email			
	Street Address		City	State	Zip	
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:			
	Facility/Foster Name		Phone Number/Email			
	Street Address		City	State	Zip	
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:			
	Facility/Foster Name		Phone Number/Email			
	Street Address		City	State	Zip	
Animal Disposition						
Date		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:				
Individual/Entity taking custody			Phone Number/Email			
Street Address			City	State	Zip	



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Use this form to record medications and vaccinations administered to each animal in custody.



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Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
ODA 0007	Sadie	
Animal Care Notes		
Date	Initials	Notes
5/29/24	ms	Vet exam. Start Pergolide, deworm, vaccinate.



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Official Certificate of Veterinary Inspection

92I-190535

Animal Health Program
635 Capitol St, NE, Salem, OR 97301
503.986.4680 | Oregon.gov/ODA

ENTRY PERMIT:

INSPECTION DATE: 5/18/2024

Ship Date: 5/17/2024

TOTAL ANIMALS: 1

Consignor/Origin		Consignee/Destination		Carrier			
Sally Smith 2468 Hwy 1001 Longview, Washington 98632 Longview County Phone: (360) 000-1000		Jerry Johnson 100 Farm Hwy Dallas, Oregon 97338 Polk County Phone: (503) 555-5151					
Disease Certifications				Veterinarian			
Post Entry CVI				Sarah Beachy 635 Capitol St NE Salem, Oregon 97301 National Accreditation Number: 999999 Phone: (503) 986-6456 I certify that I have inspected the above animal(s) and, except as noted, have found it (them) to be free of signs of infectious, contagious, or communicable disease. Each animal was tested, immunized, or treated as indicated, and to the best of my knowledge meets both state of destination and federal interstate movement regulations. No other warranty is made or implied.			
HERD/FLOCK ACCREDITED FREE FOR		CURRENT STATE/AREA STATUS Tuberculosis: Free Brucellosis: Free					
PURPOSE OF MOVEMENT Other		TRANSPORTATION METHOD					
Animal Information							
NO.	SPECIES	# HEAD	BREED	OFFICIAL ID / OTHER ID	SEX	AGE	TESTS / VACCINATIONS / TREATMENTS
1	Horse	1	QH Cross	8400030000000000	F	22 Year(s)	EIA Test (5/18/2024): Neg ODA AHL Acc: 24EE11586

EXAMPLE ONLY

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0008	Animal Name Denny	Intake Date 7-30-24		
Source Information				
Name Kim Davis		Phone Number/Email 971-000-2222		
Street Address 222 Hwy 2		City Lincoln City	State OR	Zip 97367
Animal/Intake Information				
Age 5	<input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)	Sex <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input checked="" type="checkbox"/> MC	Species Horse	Breed Quarter Horse
Weight 1050	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition good condition, limping on left front		
Microchip 840003100100100		Tattoo, other identification		
Other defining characteristics of the animal or details about intake Owner surrender, unknown lameness Vaccinated May 2024 per owner, for Tetanus, Flu, Rhino only. Last wormer was Quest in June 2024				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID 004 0008		Animal Name Denny			
Locations Kept While in ARE Custody					
Location 1	Start Date 7-30-24	End Date	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Jerry Johnson		Phone Number/Email 503-555-5151		
	Street Address 100 Farm Hwy	City Dallas	State OR	Zip 97338	
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address	City	State	Zip	
Animal Disposition					
Date		Disposition Type: <input type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody		Phone Number/Email			
Street Address		City	State	Zip	



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Medication/Vaccination Record

Use this form to record medications and vaccinations administered to each animal in custody.

[illegible]

Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

[illegible]

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA0009	Animal Name Lucy		Intake Date 11-1-24	
Source Information				
Name Jim Doe		Phone Number/Email 541-111-0000		
Street Address 41100 1st St		City Corvallis	State OR	Zip 97330
Animal/Intake Information				
Age 8	<input type="checkbox"/> Day(s) <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species Goat	Breed La Mancha
Weight 70	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition Healthy		
Microchip 840 003 111 000 111 (tail)		Tattoo, other identification		
Other defining characteristics of the animal or details about intake Owner's health forces surrender. Dewormed "spring" 2024. No vaccine history.				
Out-of-State Animals				
CVI Number NA	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information						
Unique ID ODA 0009		Animal Name Lucy				
Locations Kept While in ARE Custody						
Location 1	Start Date 11/1/24		End Date 11/18/24		Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:	
	Facility/Foster Name Jerry Johnson			Phone Number/Email 503-555-5151		
	Street Address 100 Farm Hwy		City Dallas	State OR	Zip 97338	
Location 2	Start Date		End Date		Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:	
	Facility/Foster Name			Phone Number/Email		
	Street Address		City	State	Zip	
Location 3	Start Date		End Date		Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:	
	Facility/Foster Name			Phone Number/Email		
	Street Address		City	State	Zip	
Location 4	Start Date		End Date		Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:	
	Facility/Foster Name			Phone Number/Email		
	Street Address		City	State	Zip	
Animal Disposition						
Date 11/18/24		Disposition Type: <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:				
Individual/Entity taking custody Ryan Brown			Phone Number/Email 971-777-7777			
Street Address 777 7th St			City Eola	State OR	Zip 97000	



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Use this form to record medications and vaccinations administered to each animal in custody.



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Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
ODA 0009	Lucy	
Animal Care Notes		
Date	Initials	Notes
11-15-24	JJ	Trimmed hooves

Animal Intake Record

Use this form to record information required to be collected at intake. All information must be recorded within 24 hours of intake by the Animal Rescue Entity. Information (and photos) provided by a source may not be used.

Animal Information				
Unique ID ODA 0010	Animal Name Daphne		Intake Date 8-29-24	
Source Information				
Name Larry Baker		Phone Number/Email 541-000-9999		
Street Address 9876 Hwy 3000		City Dundee	State OR	Zip 97115
Animal/Intake Information				
Age 17	<input type="checkbox"/> Day(s) <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)	Sex <input checked="" type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> M <input type="checkbox"/> MC	Species Beef cattle	Breed Hereford cross
Weight 850	<input checked="" type="checkbox"/> Lb(s) <input type="checkbox"/> Kg(s)	Description of Condition Healthy		
Microchip		Tattoo, other identification RFID ear tag . 840003 III III III		
Other defining characteristics of the animal or details about intake				
Out-of-State Animals				
CVI Number	Veterinarian Issuing CVI		Date of Rabies Vaccine	
Additional Information to Include In File				
Additional Information to include in animal record: <input checked="" type="checkbox"/> Photograph taken within 24 hours of intake - Must clearly show identifiable markings and be sufficient to identify this animal. <input type="checkbox"/> Certificate of Veterinary Inspection (CVI) - if animal originated outside of Oregon, include a copy of the original CVI in the file. <input type="checkbox"/> Rabies Vaccination Certificate - if animal originated outside of Oregon, include a copy of the rabies certificate (if not documented on the CVI).				



Animal Location/Disposition Record

Use this form to record information required to maintained for each location where an animal is kept while in custody.

Animal Information					
Unique ID ODA 0010		Animal Name Daphne			
Locations Kept While in ARE Custody					
Location 1	Start Date 8/29/24	End Date 10/1/24	Location Type: <input type="checkbox"/> Physical Location <input checked="" type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name Sue Davis		Phone Number/Email 555-111-2233		
	Street Address 4455 66th Ave		City Albany	State OR	Zip 97321
Location 2	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 3	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Location 4	Start Date	End Date	Location Type: <input type="checkbox"/> Physical Location <input type="checkbox"/> Foster <input type="checkbox"/> Other:		
	Facility/Foster Name		Phone Number/Email		
	Street Address		City	State	Zip
Animal Disposition					
Date 10/1/24		Disposition Type: <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Transfer <input type="checkbox"/> Euthanasia <input type="checkbox"/> Deceased <input type="checkbox"/> Other:			
Individual/Entity taking custody Sue Davis		Phone Number/Email 555-111-2233			
Street Address 4455 66th Ave		City Albany	State OR	Zip 97321	

Use this form to record medications and vaccinations administered to each animal in custody.



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Animal Care Record

Use this form to record information for each animal in custody such as offspring, veterinary care, movements, etc.

Animal Information		
Unique ID	Animal Name	
Animal Care Notes		
Date	Initials	Notes