

**FIG. 22 Family & Childreu's Services of Guelph & Wellington County  
&  
The Guelph Humane Society  
Initial Intake Check-list**

Client Name: \_\_\_\_\_  
 Client Address: \_\_\_\_\_  
 Client Phone #: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Some direct questions may need to be asked by each sector in order to gather the necessary information to complete this form.

**F&CS Worker to Complete**

Animals in home  Yes  No  
 If yes, list the following types and numbers of each  
 (i.e. 2 dogs, 3 cats, 1 bird) \_\_\_\_\_

Observation of animals  Yes  No If no, state  
 why (i.e. outdoors) \_\_\_\_\_

If yes, complete the following:

1. Concern with animal's physical condition  
 Yes  No If yes, describe \_\_\_\_\_
2. Appropriate living condition (i.e. housing &  
 environment)  Yes  No If no, expand \_\_\_\_\_
3. Evidence/odor of excrement (i.e. feces, urine)  
 Yes  No If yes, expand \_\_\_\_\_
4. Injuries noted on the animal  Yes  No  
 If yes, expand \_\_\_\_\_
5. Animal behavior problems (i.e. aggressive or  
 withdrawn)  Yes  No If yes, expand \_\_\_\_\_
6. Other comments, if applicable \_\_\_\_\_

**Report to the Humane Society**

Yes  No If yes, list date \_\_\_\_\_  
 Name of person receiving report \_\_\_\_\_

**Humane Society Worker to Complete**

Children in home  Yes  No  
 If yes, list the following:  
 Names and ages of each child:  
 \_\_\_\_\_

Observation of children:  Yes  No  
 If no, state why (i.e. at school) \_\_\_\_\_

If yes, complete the following:

1. Clothed appropriately  Yes  No  
 If no, expand \_\_\_\_\_
2. Appropriate living conditions (i.e. furnitnre, power,  
 environment, etc.)  Yes  No  
 If no, expand \_\_\_\_\_
3. Signs of neglect (i.e. rotting food, insects, safety  
 hazards)  Yes  No  
 If yes, expand \_\_\_\_\_
4. Injuries noted on child (i.e. bruises, cuts, etc.)  
 Yes  No If yes, expand \_\_\_\_\_
5. Child behavior problems (i.e. aggressive or  
 withdrawn)  Yes  No  
 If yes, expand \_\_\_\_\_
6. Other comments, if applicable \_\_\_\_\_

**Report to F&CS  Yes  No**

If yes, list date \_\_\_\_\_  
 Name of person receiving report \_\_\_\_\_