FIG. 22 Family & Children'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   withdrawn) ☐ Yes ☐ No If yes, expand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:
   Father's 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. furniture, power,
environment, etc.) ☐ Yes ☐ No
   If no, expand

3. Signs of neglect (i.e. raving 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   withdrawn) ☐ Yes ☐ No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

BREAKING THE CYCLES OF VIOLENCE: