



# HARDEE COUNTY EMERGENCY MANAGEMENT

## Pet Friendly Shelter

### REGISTRATION FORM

Cats/Dogs ONLY



#### Official Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Incident Name: \_\_\_\_\_

Shelter Name: \_\_\_\_\_

Pets?	<input type="radio"/> Yes	<input type="radio"/> No	How Many?
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#### PLEASE PRINT

#### Family Information

Last, First Name:				Total family members sheltered:	
Pre-Disaster Address:				Primary Language:	If not English, who with you speaks English?
City:		State:			
D/L# or ID #:				ID verified by:	
Home Phone:		Cell#:		Emergency contact:	
Method of travel:				Description:	
Personal vehicle-plate#/State:				Notes:	

#### INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last, first)	Age	Gender (M/F)	Rm/Cot#	Arrival Date	Departure Date	Departing address:

## Pet Friendly Shelter Eligibility Requirements

1. All pets require a crate large enough to comfortably accommodate bedding, food/water bowls and litter pan.
2. Owners are required to show proof of current rabies vaccination and/or health certificates for their pet.

### Pet Information

<b>Pet 1</b>	<b>Pet's Name:</b> _____				
<input type="radio"/> Dog	<input type="radio"/> Male	<input type="radio"/> Spayed	<input type="radio"/> Microchip	Color:	_____
<input type="radio"/> Cat	<input type="radio"/> Female	<input type="radio"/> Neutered	_____ Number	Markings:	_____
Pet Carrier Type:		<input type="radio"/> Plastic	Carrier Size (Approximately		
		<input type="radio"/> Wire			

<b>Pet 2</b>	<b>Pet's Name:</b> _____				
<input type="radio"/> Dog	<input type="radio"/> Male	<input type="radio"/> Spayed	<input type="radio"/> Microchip	Color:	_____
<input type="radio"/> Cat	<input type="radio"/> Female	<input type="radio"/> Neutered	_____ Number	Markings:	_____
Pet Carrier Type:		<input type="radio"/> Plastic	Carrier Size (Approximately		
		<input type="radio"/> Wire			

<b>Does your pet...</b>				
Show aggression towards people?	<input type="radio"/> Yes	<input type="radio"/> No	Comments:	
Show aggression towards other animals?	<input type="radio"/> Yes	<input type="radio"/> No		
<b>Has your pet...</b>				
Ever bitten anyone?	<input type="radio"/> Yes	<input type="radio"/> No	Comments:	

### Veterinary Information

<b>Name:</b>	_____	<b>Phone#:</b>	_____
<b>Rabies Vaccine Status:</b>	<input type="radio"/> N/A	<input type="radio"/> Current	<input type="radio"/> Past Due
	Vaccination #:	Date:	
<b>Is your pet on special medication?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<b>Medication List:</b>
			_____
			_____
			_____

**\*\*\*Please Note:**

1. You must provide proof of rabies vaccination or (health certificates for pets under 4 months of age) for your cat and/or dog. Evacuees are encouraged to consult with their individual veterinary health care providers for recommendations about the use of additional vaccines for the optimal immunity for your pet against contagious disease.
2. If your pet has a serious medical condition please be aware that there will be no access to emergency animal medical care at the Pet-Friendly shelter and alternative sheltering arrangements should be considered.

**\*\*\*Discharging of Pet(s)**

Upon discharge of pet, the owner must report to the intake/registration area to complete discharge paperwork. Staff will locate the Shelter Admission form for you to sign. Drivers License or Resident ID for proof of ownership will be requested. Upon verification of ownership, and signatures, the staff will escort you to your pet(s).

I acknowledge that I have read/been read and understand the shelter rules and agree to abide by them.

I hereby agree to hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered any loss or damage as a result of the care and sheltering of my animal(s).

Are you required by law to register with any state or local government agency for any reason?  Yes  No

If yes, please ask to speak to the Shelter Manager immediately.

**I understand this registration is only good for the current hurricane season. I must pre-register each year prior to hurricane season beginning on June 1.**

\_\_\_\_\_  
Pet owner's signature

\_\_\_\_\_  
Pet owner's printed name

\_\_\_\_\_  
Date

Submit Pre-Registration to one of the following choices:

- Mail to: Emergency Management, 404 W. Orange St. Wauchula, FL 33873
- Fax to: 863-773-9390
- Email to: EM@hardeecounty.net

**Intake:** **COMPLETED BY SHELTER REGISTRATION STAFF**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of:**

<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Written proof of vaccinations during past 12 mos.	<input type="checkbox"/>	<input type="checkbox"/>	Leash
<input type="checkbox"/>	<input type="checkbox"/>	Proper ID collar. Tag # _____	<input type="checkbox"/>	<input type="checkbox"/>	Ample food supply
<input type="checkbox"/>	<input type="checkbox"/>	Proper ID on crate, form, owner	<input type="checkbox"/>	<input type="checkbox"/>	Water/food bowls
<input type="checkbox"/>	<input type="checkbox"/>	Carrier sufficient size for animal	<input type="checkbox"/>	<input type="checkbox"/>	Trash bags for handling waste

**Discharge**

**Proof of:**

<b>Yes</b>	<b>No</b>				
<input type="checkbox"/>	<input type="checkbox"/>	ID matched with Pet/Owner	Discharged by: _____	Date: _____	

**I hereby certify that I have received and discharged my pet(s) from the Hardee County Pet-Friendly Shelter:**

\_\_\_\_\_

**Owner's signature** \_\_\_\_\_  
**Date**