



HOUSEHOLD PETS

PET FRIENDLY

DISASTER SHELTER

BEFORE THE STORM

📞 863-773-4144

www.HardeeSO.com



1

**PRE-REGISTRATION
REQUESTED**



2

**PROOF OF CURRENT
VACCINATIONS
RECOMMENDED**

Return form to: Hardee County Animal Services
685 Airport Rd Wauchula or jtrammell@hardeeso.com

WHEN SHELTERS OPEN



**CHECK IN AT
HILLTOP ELEMENTARY
SCHOOL**

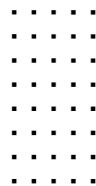


**BRING VACCINATION
PROOF, FEEDING &
BEDDING SUPPLIES**



**FOLLOW ALL
SHELTER RULES**

PET-FRIENDLY SHELTER RULES AGREEMENT



I _____ THE OWNER OF THE PET(S) LISTED ON THIS AGREEMENT, UNDERSTAND THAT AN EMERGENCY EXISTS AND THAT SPECIAL ARRANGEMENTS HAVE BEEN MADE TO ALLOW MY PET(S) TO BE SHELTERED AT THIS FACILITY DURING THE EMERGENCY AND FOR NO MORE THAN 72 HOURS AFTER THE EMERGENCY HAS PASSED. I UNDERSTAND AND AGREE TO ABIDE BY THE PET CARE RULES CONTAINED IN THIS AGREEMENT AND FAILURE TO DO SO MAY RESULT IN MY PET BEING ASKED TO LEAVE.

1. I CERTIFY BY PROOF OF VETERINARY RECORDS THAT MY PET(S) IS/ARE CURRENT ON ALL VACCINATIONS. I UNDERSTAND THAT IF MY ANIMAL SHOULD BITE OR SCRATCH WHILE HOUSED AT THE SHELTER THAT IT WILL HAVE TO UNDERGO QUARANTINE FOR 10 DAYS. STATE MANDATES WILL SUPERSEDE ANY RULES AND ENVIRONMENTAL HEALTH WILL BE NOTIFIED.
2. I UNDERSTAND THAT NO AGGRESSIVE ANIMALS ARE ALLOWED.
3. I UNDERSTAND THAT IF MY PET BECOMES UNRULY OR AGGRESSIVE OR BEGINS TO SHOW SIGNS OF STRESS RELATED CONDITIONS, I MAY BE ASKED TO REMOVE THE PET TO ANOTHER LOCATION.
4. I UNDERSTAND THAT NO ANIMAL WILL BE ACCEPTED THAT SHOW ANY SIGNS OF CONTAGIOUS DISEASE (MANGE, ETC.) OR ARE INFESTED WITH PARASITES (FLEAS, TICKS, LICE, ETC.). I WILL PERMIT ANIMAL SERVICES STAFF TO EXAMINE MY PET TO DETERMINE THIS.
5. I AGREE TO PROVIDE A CRATE OR CAGE FOR MY PET(S) TO BE CONTAINED IN WHILE STAYING AT THE SHELTER.
6. I AGREE TO FURNISH ANY NEEDED MEDICATIONS, BLANKET OR MAT, TOYS, FOOD AND WATER (3 DAYS' SUPPLY) OR ANY OTHER COMFORT ITEM(S) THAT MY PET MAY REQUIRE TO MAKE ITS STAY AS COMFORTABLE AS POSSIBLE.
7. MY PET WILL REMAIN CONTAINED IN ITS CRATE OR CAGE EXCEPT FOR THOSE TIMES WHEN I TAKE THE ANIMAL TO BE EXERCISED OR AM CLEANING THE CRATE OR CAGE.
8. I UNDERSTAND THAT MY PET MUST BE ON A LEASH WHENEVER OUTSIDE ITS CONTAINER.
9. I AGREE TO PROPERLY FEED, WATER, MEDICATE, CLEAN UP AFTER, AND PROVIDE GENERAL CARE FOR MY PET DURING ITS STAY.
10. I AGREE THAT ONE DESIGNATED PERSON WILL CARE FOR MY PET AND BE ALLOWED IN THE SHELTER AREA IF I AM NOT ABLE TO GET TO THE SHELTER.
11. I WILL MAINTAIN PROPER IDENTIFICATION ON MYSELF AND MY PET AT ALL TIMES.
12. I WILL NOT PERMIT ANY OTHER PERSON TO HANDLE OR APPROACH MY PET.
13. I UNDERSTAND THAT THIS IS A TEMPORARY SHELTER AND MUST HAVE MADE ARRANGEMENTS TO HAVE MY ANIMAL MOVED TO A PERMANENT LOCATION WITHIN 72 HOURS. I UNDERSTAND THAT ANY ANIMALS THAT ARE NOT MOVED WITHIN THE 72 HOUR TIME LIMIT MAY BE RELOCATED TO A SAFE AREA OUTSIDE THE DISASTER AREA BY THE COUNTY AND IT WILL BE MY RESPONSIBILITY TO RECLAIM MY ANIMAL AT THAT LOCATION.
14. I UNDERSTAND THAT ANY DECISIONS CONCERNING THE CARE AND WELFARE OF MY PET AND THE SHELTER POPULATION AS A WHOLE ARE WITHIN THE DISCRETION OF THE ANIMAL SERVICES OFFICIAL.
15. I UNDERSTAND AND AGREE THAT IF AT ANY TIME I FAIL TO FOLLOW THE RULES AS SET FORTH IN THIS AGREEMENT, I MAY BE ASKED TO LEAVE THE FACILITY.

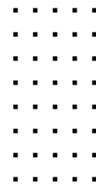
OWNER SIGNATURE

DATE _____

WITNESS SIGNATURE

DATE _____

PET-FRIENDLY SHELTER REGISTRATION



I, THE ANIMAL OWNER SIGNED BELOW, REQUEST THE EMERGENCY HOUSING OF MY EVACUATED PET BECAUSE OF A PENDING OR OCCURRING DISASTER. I DO HEREBY RELEASE THE PERSON(S) OR ENTITY RECEIVING THE ANIMAL FROM ANY AND ALL LIABILITY REGARDING THE CARE AND HOUSING OF SAID ANIMAL DURING AND FOR 72 HOURS AFTER THE EMERGENCY. I, AS THE ANIMAL'S OWNER ACKNOWLEDGE THAT IF EMERGENCY CONDITIONS POSE A THREAT TO THE SAFETY OF THE ANIMAL, ADDITIONAL RELOCATION OF THE ANIMAL MAY BE NECESSARY, AND THIS RELEASE IS INTENDED TO EXTEND TO SUCH LOCATION.

I FURTHER ACKNOWLEDGE THAT THE RISK OF INJURY OR DEATH TO THE ANIMAL DURING AN EMERGENCY CANNOT BE ELIMINATED AND AGREE TO BE RESPONSIBLE FOR ANY OR ALL VETERINARY EXPENSES WHICH MAY BE INCURRED IN THE TREATMENT OF SAID ANIMAL. IT IS REQUIRED THAT THE OWNER OR HIS/HER AGENT TAKE RESPONSIBILITY FOR THE CARE, CLEANING, FEEDING AND MAINTENANCE OF THE ANIMAL. BY SIGNING BELOW, I CONFIRM THAT I HAVE READ, UNDERSTAND AND AGREE WITH ALL POINTS CONTAINED IN THIS PET EMERGENCY SHELTER PACKET

OWNER NAME (PRINT) _____

OWNER SIGNATURE _____ DATE _____

ADDRESS _____

EMAIL ADDRESS _____ PHONE # _____

ALTERNATE CAREGIVER (PRINT) _____

ALTERNATE CAREGIVER PHONE # _____ VETERINARIAN _____

	NAME	BREED	AGE	SPECIES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE — FOR STAFF USE ONLY

ANIMAL INFO

	I.D. #	ASSIGNED AREA	KENNEL #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

FOR SHELTER STAFF USE ONLY

INTAKE: CHECK ALL THAT APPLY

- CRATE/CAGE (REQUIRED)
- BEDDING (REQUIRED)
- FOOD & WATER BOWELS (REQUIRED)
- LEASH (REQUIRED)
- COLLAR (REQUIRED)
- 3 DAY SUPPLY OF FOOD & WATER (REQUIRED)
- VACCINATION RECORD(S) (REQUIRED)
- CAT LITTER (REQUIRED IF BOARDING FELINE(S))
- LITTER SCOOP (REQUIRED IF BOARDING FELINE(S))
- LITTER BOX (REQUIRED IF BOARDING FELINE(S))
- TOYS
- MEDS.
- CAN OPENER (REQUIRED IF SUPPLYING CANNED FOOD)
- MUZZLE

PLEASE LIST ANY OTHER ITEMS BELONGING TO OR ACCOMPANYING ANIMAL(S).

- SKIN CONDITION _____
- PARASITES NOTED _____
- OPEN SORES _____
- AGGRESSIVE TENDENCIES _____

ANY OTHER IMPORTANT OR USEFUL INFORMATION OR RELEVANT OBSERVATIONS.

INTAKE STAFF MEMBER _____ DATE _____ TIME _____

CHECKOUT STAFF MEMBER _____ DATE _____ TIME _____

*ATTACH PHOTO BELOW