

**Pasco County Pet Friendly Evacuation Shelter Pre-Registration**

Applicant Information:

I live in  a mobile home and/or  in evacuation zone A, B, or C

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pet's Name	Age	M / F	Dog/Cat	Spay/Neuter Y/N	Breed	Color/Markings	License # and/or Chip #

I understand that completing a pre-registration form does not guarantee that my pet(s) will be accepted into the Pet Friendly Evacuation Shelter. Due to limited space and resources, only two (2) pets per residence, which have been pre-registered, will be allowed entry into the shelter on a first come, first served basis until capacity has been reached. Upon approval of this registration, you will receive a letter of acceptance into this pilot program.

I further understand the following:

- I must attach to this application proof of the following current vaccinations:

**Dogs**

Rabies  
Bordetella  
DA2PP

**Cats**

Rabies  
FVRCP  
FeLV

- In addition, all dogs over the age of 4 months must be currently licensed in Pasco County and must wear their licenses in order to gain entry into the shelter. It is strongly recommended that cat owners place identification tags on their pets as well.
- Pets must have had an application of an appropriate flea/tick control product within 7 days prior to coming into the Pet Friendly Evacuation Shelter.
- Cages/crates must have secure doors and be large enough for the pet to stand and turn around in. Cat cages/crates must be large enough to also contain food, water and a litter pan.
- I must bring my pet's medications and enough pet food and water for 3 days. I will make sure all items are identified with my name and address.

Are any of your animals on medications or dietary supplements? If so, please explain; give the pet's name, the medication and dosage, the time normally administered and any necessary details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can medications/supplements be given in the regular food ration? \_\_\_ Yes \_\_\_ No

Are there medical problems or behavioral characteristics of which we should be advised? \_\_\_ Yes \_\_\_ No

If so, please give pet's name and details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete both sides of this form and mail it (along with proof of vaccinations) to:  
Pasco County Animal Services, Pet Friendly Evacuation Shelter Pre-Registration  
19640 Dogpatch Lane, Land O' Lakes, FL 34638

**Pet Friendly Evacuation Shelter Use Agreement**

I, \_\_\_\_\_, the owner of the pets listed on the reverse side of this form, understand that an emergency exists, and that special arrangements have been made to allow my pet(s) to utilize the designated Pet Friendly Evacuation Shelter. I understand and agree that in order to utilize the services of the Pet Friendly Evacuation Shelter, I must be staying at the Pine View Elementary School Red Cross Shelter (for humans) located across the street from the Pet Friendly Shelter. I further understand and agree to abide by the pet care rules contained in this agreement.

**Rules**

1. My pet will remain contained in its approved cage/crate except at scheduled times. During scheduled relief time, my pet will be properly confined with leash, harness, and/or muzzle (as necessary). Scheduled times will be strictly adhered to.
2. I certify that my pet is current on rabies and all other vaccinations as listed on the reverse side of this page.
3. I agree to provide dry or canned food, treats, kitty litter and other supplies as needed and to properly feed, water and care for my pet as instructed by Pasco County Animal Services or designee. I agree that the administration of all medications for my pet is my sole personal responsibility as designated by my veterinarian and should be properly documented.
4. I agree to properly sanitize the areas used by my pet: including performing proper waste disposal and disinfecting as instructed by the Pet Friendly Evacuation Shelter facility manager or designee.
5. I will not permit other pet owners to handle or approach my pet, either while it is in its carrier/crate or during exercise times. I will make sure the cage/crate door is latched and secured with wire or rope ties.
6. I will maintain proper identification on myself, my pet and its carrier at all times. I understand that if I fail to wear the identification band assigned to me by the Shelter, I may be denied re-entry access to the animal holding facility.
7. As the animal owner, I understand and agree that during "lock-down", no pet(s) or people will be allowed outside. When a "lock-down" is imminent, owners must re-cage their pet and return to the Red Cross Shelter until the "all-clear" has been given.
8. I assume full responsibility and liability for the behavior of my pet at all times.
9. I acknowledge that my failure to follow these rules may result in the removal of my pet. I further understand that if my pet becomes unruly, aggressive, shows signs of contagious disease, is infested with parasites (fleas, ticks, lice, etc.), or begins to show signs of stress-related conditions, my pet may be removed to a more remote location. I understand that the decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of Pasco County Animal Services or designee, whose decisions are final.
10. I understand that pet care (i.e. feeding, watering and removal of waste from the cage/crate) is my responsibility. I understand and agree that should my animal not receive care from me for 24 hours or if I leave the shelter without my pet, the animal(s) will be considered abandoned and will be surrendered to Pasco Animal Services for potential adoption, fostering or euthanasia in accordance with the Animal Services Ordinance or policy.
11. I certify that my pet has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment.

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).

I agree to all the above rules and conditions. Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_