

2010 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 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) pre-registered pets per residence will be allowed entry into the shelter on a first come, first served basis until capacity has been reached. Upon approval of this registration, I will receive a letter of acceptance and information about the 2010 designated Pet Friendly Shelter.

I further understand the following:

- **I MUST ATTACH PROOF OF VACCINATION TO THIS FORM:**

Dogs

Rabies
Bordetella
DA2PP

Cats

Rabies
FVRCP
FeLV

- **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 should have 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 up and turn around.** Cat cages or 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 clearly identified with my name and address.

Medications and dietary supplements: 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.

THIS FORM MUST BE COMPLETED ON BOTH SIDES AND INCLUDE PROOF OF VACCINATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Mail completed application and required documents to:
Pasco County Animal Services, PFS Pre-Registration
19640 Dogpatch Lane, Land O' Lakes, FL 34638

Pet Friendly Evacuation Shelter Rules and Responsibilities of Pet Owners

I, _____, the owner of the pets listed on page one (1) 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 same 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. When outside the crate, my pet will be properly restrained with leash, harness, and/or muzzle (as necessary). My pet will not be taken into any other room of the hurricane shelter at any time.
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 personal responsibility. All prescription medications for pets must be in their original prescription containers and labeled accordingly.
4. I agree to properly sanitize the areas used by my pet, whether indoors or outside, 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 area.
7. As the animal owner, I understand and agree that during "lock-down", no pet(s) or people will be allowed outside.
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 and outdoors) 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: _____ City: _____ Phone: _____