



Board of County Commissioners

Department of Community Services

Animal Services Section

4030 S. Airport Rd. Inverness, FL 34450

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REGISTRATION AND AGREEMENT

I, _____, animal(s) owner signed below, request the emergency housing of the animal(s) being evacuated **because of a pending or occurring disaster** during the declared state of emergency, I understand that I must also be admitted to the shelter. I, the animal(s) owner, understand that **all** care and housing of the animal(s) during and following this emergency is my responsibility. And I, being the animal(s) owner, acknowledge that if emergency conditions pose a threat to the safety of the animal(s), additional relocation may be necessary, and this release is intended to extend to such relocation.

The animal(s) owner acknowledges that the risk of injury or death to the animal during an emergency cannot be eliminated and agrees to be responsible for any veterinary expenses which may be incurred in the treatment of their animals. If this staging area is evacuated and it becomes necessary to separate the owner from his/her pet, the owner will be required to reclaim their pet within 48 hours after the event.

Animal Owner Name (please print)

Address

Drivers License

City

State

Home Phone

Cell Phone

Is your phone available now?

Emergency Contact Name (person not staying in the shelter)

Phone Number (include area code)

Animal Information:

	Species	Breed	Color	SEX	S/N	Name	DHPP/ FVRCP	Rabies	Veterinarian
1									
2									
3									
4									

If additional space is needed, please use back of this form.

REGISTRATION AND AGREEMENT (continued)

I, _____ (the owner of the pet(s) listed on the first page), understand that *an emergency exists* and that special arrangements have been made to allow my family and pets to remain together in this shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and have explained these rules to all family members accompanying me and my pet(s). I understand that "animal handler" means any employee of Animal Services or its representatives.

Rules

1. My pet will remain contained in its approved carrier except at scheduled times. During schedule relief time, my pet will be properly confined with a leash, harness, and (if **necessary**) a muzzle. Scheduled times will be strictly adhered to.
2. I agree to properly feed, water, and care for my pet as instructed by the animal handler. Administration of all medication should be properly documented.
3. I agree to properly sanitize the areas used by my pet, including performing proper waste disposal and disinfecting as instructed by the animal handler.
4. I certify that my pet is current on rabies and all other vaccinations recommended by the shelter.
5. I will not permit other shelter occupants to handle or approach my pet either while it is in its carrier or during exercise times. I will make sure the carrier door is latched and secured with a wire or rope tie.
6. I will maintain proper identification on myself, my pet and its carrier at all times.
7. I will permit my pet to be examined by qualified animal shelter personnel to determine if medical or stress conditions requiring attention are present.
8. I acknowledge that my failure to follow these rules may result in the removal of my pet to another location. I further understand that if my pet becomes unruly or aggressive, shows signs of contagious disease, is infested by parasites (fleas, ticks, lice, etc.), or begins showing signs of stress-related conditions, it may be removed to a more appropriate location. I understand that any decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of the animal handler, whose decisions are final.

I certify that my pet has no previous history of aggressive behavior and has not been diagnosed with any contagious disease for which it has not received successful treatment.

I hereby agree to hold harmless Citrus County and its employees as well as all other persons, organizations, corporations, or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify Citrus County and its employees as well as any other persons or entities which may have suffered any loss, damage or injury **as a result of** the care and sheltering of my animal(s). Initial here _____

Are there any animals on medications or dietary supplements?

Pet Name _____ Med/Supplement _____ Time(s) given _____

Any additional information (medical or behavioral)? _____

	1	2	3	4
ASSIGNED CAGE #	_____	_____	_____	_____

STAFF SIGNATURE _____

Comments _____

Date: _____

Animal Owner Signature _____