Flagler Humane Society

Flagler Animal Services • Flagler County

Disaster Emergency Shelter Checklist

The Flagler Humane Society and Flagler County will be opening the **PET FRIENDLY EMERGENCY SHELTER**. There are a few things that we are asking pet owners to bring with them when they come to register their pet(s).

- ☐ **CRATE(S)**

  Bring a crate large enough for your dog to sleep in or your cat's litterbox to fit in. We will have limited crates to loan out so please be prepared to bring your own.

- ☐ **VACCINATION RECORDS AND MEDICATIONS**

  Bring your current vaccination records to show at registration. You will be responsible for administering any medications to your pet(s) as needed.

- ☐ **FOOD**

  Bring enough food for at least 3-5 days. Please bring a food and water bowl for your pet's crate. You will be responsible for feeding your pet(s). FHS caretakers will keep your pet supplied with water.

- ☐ **COLLAR / LEASH / IDENTIFICATION TAGS**

  Bring your pet's leash with you. Your pet should be wearing a properly fitted collar with an identification tag attached to it.

- ☐ **BEDDING**

  Bring your pet's favorite bed or bedding (this will make their stay a little less stressful). Bring any favorite toys / treats / chew bones / etc.

- ☐ **CAT LITTER / LITTER BOXES**

  Bring a litter box for your cat. Make sure that the box will fit into the crate that you are bringing. Bring enough litter for 3-5 days. Scoopable is recommended. Don't forget to bring your litter scooper!

- ☐ **SANITATION**

  Bring any cleaning supplies that you may need to use. These include cleaner for cages, paper towels and waste bags. Minimal supplies will be on hand if you run out.

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Emergency Check-In / Release Form

Date: _____ Intake Attendant: _____

OWNER INFORMATION

Name: _____

Email: _____

Address: _____

City: _____

Phone Number: _____

Cell Number: _____

Alternative Contact Name: _____

Alternative Contact Phone: _____

Employer: _____

Employer Phone: _____

#1 ANIMAL INFORMATION

Crate: ☐ Brought Own Crate ☐ FHS Crate Crate #: _____

Name: _____ Species: ☐ Dog ☐ Cat ☐ Other _____

Gender: ☐ Male ☐ Female Sterilized: ☐ Yes ☐ No

Breed: _____ Color/Pattern: _____

To the best of your knowledge, has the animal bitten/scratched anyone in the past 10 days?

☐ Yes ☐ No

Any history of aggression? ☐ Yes ☐ No If yes, explain: _____

Are vaccinations current? ☐ Yes ☐ No Veterinarian: _____

Medical Conditions: _____

Animal Information - Continued

Owner Name: _____

#2 ANIMAL INFORMATION

Crate: [ ] Brought Own Crate [ ] FHS Crate

Crate #: _____

Name: _____

Species: [ ] Dog [ ] Cat [ ] Other _____

Gender: [ ] Male [ ] Female Sterilized: [ ] Yes [ ] No

Breed: _____

Color/Pattern: _____

To the best of your knowledge, has the animal bitten/scratched anyone in the past 10 days? [ ] Yes [ ] No

Any history of aggression? [ ] Yes [ ] No

If yes, explain: _____

Are vaccinations current? [ ] Yes [ ] No

Veterinarian: _____

Medical Conditions: _____

#3 ANIMAL INFORMATION

Crate: [ ] Brought Own Crate [ ] FHS Crate

Crate #: _____

Name: _____

Species: [ ] Dog [ ] Cat [ ] Other _____

Gender: [ ] Male [ ] Female Sterilized: [ ] Yes [ ] No

Breed: _____

Color/Pattern: _____

To the best of your knowledge, has the animal bitten/scratched anyone in the past 10 days? [ ] Yes [ ] No

Any history of aggression? [ ] Yes [ ] No

If yes, explain: _____

Are vaccinations current? [ ] Yes [ ] No

Veterinarian: _____

Medical Conditions: _____

#4 ANIMAL INFORMATION

Crate: [ ] Brought Own Crate [ ] FHS Crate

Crate #: _____

Name: _____

Species: [ ] Dog [ ] Cat [ ] Other _____

Gender: [ ] Male [ ] Female Sterilized: [ ] Yes [ ] No

Breed: _____

Color/Pattern: _____

To the best of your knowledge, has the animal bitten/scratched anyone in the past 10 days? [ ] Yes [ ] No

Any history of aggression? [ ] Yes [ ] No

If yes, explain: _____

Are vaccinations current? [ ] Yes [ ] No

Veterinarian: _____

Medical Conditions: _____

#5 ANIMAL INFORMATION

Crate: [ ] Brought Own Crate [ ] FHS Crate

Crate #: _____

Name: _____

Species: [ ] Dog [ ] Cat [ ] Other _____

Gender: [ ] Male [ ] Female Sterilized: [ ] Yes [ ] No

Breed: _____

Color/Pattern: _____

To the best of your knowledge, has the animal bitten/scratched anyone in the past 10 days? [ ] Yes [ ] No

Any history of aggression? [ ] Yes [ ] No

If yes, explain: _____

Are vaccinations current? [ ] Yes [ ] No

Veterinarian: _____

Medical Conditions: _____

Disaster Emergency Animal Shelter Waiver

I hereby request the emergency sheltering of the animal(s) listed which are being evacuated due to a pending or occurring disaster or emergency. The Flagler Humane Society, acting on behalf of Flagler County, will shelter my animal(s) from this day to no later than the same day that the human emergency shelter closes.

I understand that if I do not arrange for an extension of this time, my animal(s) will be considered abandoned and the manner of disposition of my animal(s), including adoption or euthanasia, will be at the sole discretion of Flagler Humane Society. I hereby release the Flagler Humane Society from any and all liability regarding the care and sheltering of my animal(s) during and following this emergency. I acknowledge that if emergency conditions pose a threat to the safety of my animal(s), additional relocations may be necessary, and this release is intended to extend to such relocation.

I acknowledge that this is an emergency, and it is my responsibility to see that my animal(s) vaccinations are current. I understand that, although adequate shelter and care will be provided, no exact schedule of care can be offered or guaranteed. I understand as the owner (agent) of the animal(s) that the Flagler Humane Society is requesting that I contribute to the feeding and daily care of my animal(s) if possible. I understand that, although reasonable care will be taken to prevent injury, disease, and/or the spread of disease, such situation can occur. I release the Flagler Humane Society, its staff/volunteers, or Flagler County of any responsibility for injury or illness that may arise from this temporary emergency sheltering.

I further understand that if, in the opinion of shelter personnel, any medical treatment becomes necessary, the Flagler Humane Society will attempt to contact me. However, if contact cannot be made, I authorize Flagler Humane Society to act as my agent and consult a veterinarian and make medical decisions for my animal(s) on my behalf, up to and including emergency care. I will be responsible for any veterinary expenses which may be incurred in the treatment of my animal(s).

I understand that my signature below indicates that I have read, understand, and agree to abide by the stipulations stated in this form to participate in the Disaster Emergency Animal Shelter.

Owner Signature: _____ Date: _____

Receiving Agent Signature: _____