

HURRICANE PET SHELTER REGISTRATION FORM

PET INFORMATION

DOG _____ CAT _____ OTHER _____
NAME _____ BREED _____
COLOR _____ SEX _____ AGE _____
IS ANIMAL AGGRESSIVE WITH STRANGERS? _____

DATES OF LAST PREVENTIVE CARE:

DOGS:

RABIES _____ DISTEMPER _____ CORONA _____
BORDETELLA _____ PARVO _____
HEARTWORM _____ HEARTWORM PREVENTION _____
PARAINFLUENZA _____ ROUND WORM _____

CATS:

RABIES _____ CALICI VIRUS _____ FVRCP _____
PANLEUKOPENIA _____ ROUND WORM _____
FELINE LEUKEMIA _____

OTHER (FERRETS, ETC.):

RABIES _____ DISTEMPER _____

PET IDENTIFICATION:

TAG _____ NUMBER _____
TATTOO _____ NUMBER _____
MICROCHIP _____ COMPANY _____

PLEASE ANSWER THE FOLLOWING:

LIST ANY INJURIES, ALLERGIES OR AFFLICTIONS YOUR PET IS BEING TREATED FOR:

LIST ALL MEDICATIONS PRESCRIBED FOR YOUR PET AND THEIR DOSAGES:

VETERINARIAN VERIFICATION:

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND UP TO DATE:

VETERINARIAN: _____
ANIMAL HOSPITAL: _____
DATE: _____

OWNER INFORMATION

NAME: _____
ADDRESS: _____
HOME PHONE# _____ WORK# _____

SECONDARY LOCAL CONTACT:

NAME: _____
ADDRESS: _____
PHONE# _____

LONG DISTANCE CONTACT:

NAME: _____
ADDRESS: _____
PHONE# (____) _____ STATE _____

IN ORDER TO BE ACCEPTED INTO THE SHELTER, YOUR PET MUST BE CURRENT ON ALL VACCINES AND YOU MUST PROVIDE THE FOLLOWING ITEMS AT THE TIME OF ADMITTANCE:

DOGS:

LEASH _____ FOOD _____ BOWL _____
WATER _____ BOWL _____
CARRIER/CRATE _____ COLOR _____
MUZZLE (FOR AGGRESSIVE DOGS) _____

CATS:

FOOD _____ BOWL _____
WATER _____ BOWL _____
LITTER _____ LITTER BOX _____
CARRIER/CRATE _____ COLOR _____

OTHER:

FOOD _____ BOWL _____
WATER _____ BOWL _____
CARRIER/CRATE _____ COLOR _____
LITTER/GRAVEL _____

WAIVER

IF MY PET BECOMES ILL, I HEREBY ALLOW THE CITY OF CORAL SPRINGS TO CONTACT A LICENSED VETERINARIAN TO RENDER EMERGENCY MEDICAL CARE (SERVICES, MEDICATIONS, ETC.) AND AGREE TO PAY FOR ALL SERVICES DEEMED NECESSARY BY THAT VETERINARIAN. I WILL NOT HOLD THE CITY OF CORAL SPRINGS, ANY VETERINARIAN OR ANY SHELTER VOLUNTEERS RESPONSIBLE FOR ANY INJURY OR ILLNESS INCURRED BY MY PET DURING THE EMERGENCY SHELTERING.

PET OWNER'S SIGNATURE _____ DATE _____

CHECK-IN DATE _____ CHECK-OUT DATE _____

I HAVE RECEIVED MY PET BACK FROM THE SHELTER:

OWNER/AGENT SIGNATURE _____ DATE _____