Official Use Only Shelter: _____Pet ID #s:_____

Pet Friendly Shelter Enrollment Form

Caretaker

First Name: _____ Last Name _____

Address: _____Zip Code:_____

Cell # : _____ Home #: _____Emergency#:_____

Pet Name	Breed	Color	Gender	Age	Rabies Exp	License #	Microchip

Use reverse side to list additional pets

Please note that your pet(s) will be housed in a separate area. Only the Caretaker listed above (one caretaker per family) will have access to these pets. The Caretaker is responsible for the care of all pets listed including feeding, cleaning and walking.

In the event that I am unable to return for/care for my pets I authorize the following person to take custody of all pets listed within this document:

Name_____ Address:_____ Phone:_____

☐ My pet(s) has/have a previous history of aggressive behavior to humans or animals.

I understand that if my pet(s) has/have a previous history of aggressive behavior to humans or animals, my pet(s) will be boarded at Pinellas County Animal Services (PCAS) for the safety of other humans and animals.

I certify that my pet has not been diagnosed with any contagious diseases and is parasite free.

While it is the intent of PCAS to obtain written consent from the Pet Owner to perform emergency or necessary medical procedures or treatments on my pet(s), this may not always be possible, especially in time sensitive situations. Therefore, I, the undersigned Pet Owner, give PCAS consent for emergency or necessary medical procedures or treatments to be performed on my pet(s) during this sheltering event. **Pinellas County will not be held responsible for any complications that may arise.**

I hereby agree to hold harmless the County, its officers, employees, agents and volunteers involved in the care and sheltering of the above-referenced pet(s) from any damage or injury occurring as a result of the care, sheltering and/or caretaking of the pet(s) listed above.

I have read, understood and accept the above conditions and attest the information on this application is true to the best of my knowledge.

_____ _____

Signature of Pet Owner Date

_____ _____

Signature of Caretaker Date

Required Supply List

Please note that your pet(s) will be housed in a separate area. Only the Caretaker listed above (one caretaker per family) will have access to these pets.

- Enough food for each pet for several days.
- Cat litter, litter pans, litter scoop
- Food and water dishes
- Crate(s) large enough to house each pet. Your pet(s) will be crated for the duration of the disaster, please be sure that the crate you are providing is large enough for your pet to stand up, turn around, and lay comfortably. There should be room in the crate for food, water and a litter pan (cats).
- Leash and collar for each dog. ***Retractable leashes are not allowed***
- Pet waste bags for dogs. **Owners will be required to pick up all pet waste**
- Toys and blankets/beds
- Disinfectant and paper towels
- Pet medications. **Owners will be required to administer their own pet medications**

Pet Friendly Shelter Profile

Pet Name	Breed	Color	Gender	Age	Rabies Exp	License #	Microchip