



Highlands County Pet Friendly Shelter

Registration Form

***** Pre-Registration Required. Limited Availability****



Pet Friendly Shelter Eligibility Requirements:

1. Evacuees must provide proof that they reside in Highlands County.
2. All pets require a crate large enough to comfortably accommodate bedding, food/water bowls and litter pan.
3. Owners are required to show proof of current rabies vaccination and county license (if applicable) for their pet.

Owner Information

Last Name:		First Name:		
Street Address:				
City:		State:		Zip:
Driver's License #				
Home Phone #		Cell Phone #		

Emergency Contact Information

Last Name:		First Name:		
Primary Phone #		Alternate Phone #		

Pet Information

DOG	<input type="radio"/>	Breed/Type:			Male	<input type="radio"/>	Female	<input type="radio"/>			
		Pet's Name:			Age:			Color:			
		Spayed		<input type="radio"/>	Neutered		<input type="radio"/>	Micro-chipped			<input type="radio"/>
		Pet Carrier Type:	Plastic	<input type="radio"/>	Wire	<input type="radio"/>	Carrier Size (Approx.):				
DOG	<input type="radio"/>	Breed/Type:			Male	<input type="radio"/>	Female	<input type="radio"/>			
		Pet's Name:			Age:			Color:			
		Spayed		<input type="radio"/>	Neutered		<input type="radio"/>	Micro-chipped			<input type="radio"/>
		Pet Carrier Type:	Plastic	<input type="radio"/>	Wire	<input type="radio"/>	Carrier Size (Approx.):				
DOG	<input type="radio"/>	Breed/Type:			Male	<input type="radio"/>	Female	<input type="radio"/>			
		Pet's Name:			Age:			Color:			
		Spayed		<input type="radio"/>	Neutered		<input type="radio"/>	Micro-chipped			<input type="radio"/>
		Pet Carrier Type:	Plastic	<input type="radio"/>	Wire	<input type="radio"/>	Carrier Size (Approx.):				

Does your pet...			
Show aggression towards people?		Yes <input type="radio"/>	No <input type="radio"/>
Show aggression towards other animals?		Yes <input type="radio"/>	No <input type="radio"/>
Has your pet...			
Ever bitten any one?		Yes <input type="radio"/>	No <input type="radio"/>
Veterinary Information			
Name of veterinarian:			
Rabies Vaccine status:	N/A <input type="radio"/>	Current <input type="radio"/>	Past Due <input type="radio"/>
Is your pet on special medication:	Yes <input type="radio"/>	No <input type="radio"/>	Medication List:
**** Please Note:			
<ol style="list-style-type: none"> 1. You must provide proof of rabies vaccination, county license and microchip for your cat and/or dog. Evacuees are encouraged to consult with their individual veterinary health care providers for recommendations about the use of <i>additional</i> vaccines for the optimal immunity for your pet against contagious disease. 2. If your pet has a serious medical condition please be aware that there will be no access to emergency animal medical care at the Pet-Friendly shelter and alternative sheltering arrangements should be considered. 			
Owner's Signature:		Date:	
_____		_____	
Questions???		Call Highlands County Emergency Management at 863-385-1112	

<u>For Office Use Only:</u>	
Intake:	
Intake Application Processed By: _____	Date: _____
Discharge:	
I hereby certify that I have received and discharged my pet(s) from the IHighlands County Pet-Friendly shelter.	
_____	_____
Owner	Date
Discharge Application Processed By: _____	Date: _____

Official Use Only

Shelter: _____ Pet ID #s: _____

Highlands County Pet Friendly Shelter Intake Form

Caretaker

First Name: _____ Last Name _____

Address: _____ Zip Code: _____

Cell #: _____ Home #: _____ Emergency#: _____

Pet Name	Breed	Color	Gender	Age	Rabies Exp	License #	Matches Registration

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: _____

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

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