

**REGISTRATION**

I, the animal owner signed below, request the emergency housing of my pet(s) because of an impending or occurring emergency. I must remain at this Red Cross shelter during my pet(s) stay. I hereby release the person or entity who is receiving my animal(s) from any and all liability regarding the care and housing during and following this emergency. I 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.

I further acknowledge that the risk of injury or death to the animal(s) during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of my animal(s) up to an amount of \$ \_\_\_\_\_ per animal.

Check out is required when departing from the shelter.

I certified that my pet(s) has / does not have (circle one) current rabies vaccine or rabies titer. I fully understand that if my animal(s) should bite or scratch while housed at the shelter, the said animal will have to undergo proper quarantine. State Mandates will supersede any shelter rules and Environmental Health will be notified.

Animal Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Name (print) \_\_\_\_\_

DL or State ID # \_\_\_\_\_ ----- \_\_\_\_\_ Verified by Staff

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact (not at shelter) Out of area contact suggested

Name \_\_\_\_\_ City/State \_\_\_\_\_ #( \_\_\_\_\_ ) \_\_\_\_\_

Veterinarian \_\_\_\_\_ City \_\_\_\_\_ #( \_\_\_\_\_ ) \_\_\_\_\_

Name of Animal	Breed	Sex	Age	Color/Markings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Appropriate paperwork verified by Staff Name & Date \_\_\_\_\_

Comments by Staff \_\_\_\_\_