

COMMUNITY OF HILLSBOROUGH ANIMAL AND
AGRICULTURAL RESPONSE TEAM

(C.H.A.A.R.T)

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www.chaart.org
Version 2.1

Pet Evacuation Shelter Guide for Volunteers

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I ntroduction

After Hurricane Andrew devastated South Florida in 1992, state emergency response personnel realized the convergence of animal and people issues during a disaster. They learned that, under adverse circumstances, the ultimate safety of many of Florida's citizens depends on the safety of their pets, domestic and exotic, and the livestock they tend. Until that time, people in harm's way were told by state emergency management to evacuate their home, but to leave their pets. Relaying this information has often created situations where animals were technically neglected and/or abandoned and it added additional stress to people who evacuate without their animals. These scenarios produce serious complications for Emergency Management.

It stands to reason, if humans were at risk from an impending cataclysm, so were the lives of animals, and visa versa. We now understand that many people, especially the elderly, simply do not abandon their companion animals, even in life-threatening situations. In 1994, Governor Lawton Chiles mandated that all Florida counties provide means to accommodate animals, domestic and livestock, in times of emergency events. Emergency protocol ESF-17 is a result of that edict.

This plan has been developed for the operation of a cat and dog evacuation shelter for Hillsborough County. It is an adaptation created through investigating industry standards for animal shelters, other Florida county's pet shelter programs as well as ongoing experience.

About C.H.A.A.R.T.

The Community of Hillsborough Animal and Agricultural Response Team is an interagency, coordinated effort dedicated to effectively communicating and planning for animal and agriculturally-related emergencies and disasters that may occur in Hillsborough County.

CHAART is a group of governmental and private agencies dedicated to effectively communicating and planning for animal and agriculture emergencies and disasters in Hillsborough County.

CHAART is modeled to operate as a county level State Agricultural Response Team (SART).

CHAART combines the skills and resources of many agencies, organizations and individuals.

CHAART supports the county, regional, and state emergency management efforts.

CHAART Mission Statement: Empowering Hillsborough County residents through training and resources to enhance animal and agriculture disaster responses.

CHAART Goals

Identify resources available for an emergency or disaster

Provide assistance in the development and writing of county emergency management plans

Provide annual training for all CHAART and agriculturally-related personnel.

Promote and assist in coordinating CHAART planning efforts with surrounding counties emergency management teams.

Community of Hillsborough Animal and Agricultural Response Team Forum:
<http://floridaanimalcontrol.org/sart/mb/index.php>

Community of Hillsborough County Animal & Agriculture Response Team: <http://www.chaart.org>

Florida State Agriculture Response Team: <http://www.flkart.org>

Acknowledgements

This document was developed through the collaborative efforts of individuals from various disciplines and backgrounds affiliated with Hillsborough, Broward, Charlotte, Monroe and Sarasota County, Florida SART, C.H.A.A.R.T., UAN/EARS, and the Humane Society of Tampa Bay, Hillsborough County EOC Staff, School District of Hillsborough County and Superintendent MaryEllen Elia, Burnett Middle School and Principal Herbert Peoples, the B.O.C.C. of Hillsborough County and County Administrator – Pat Bean.

Preparing For Disaster Assistance Work

What to Expect

The following information was obtained in part from a brochure published by the Federal Emergency Management Agency (FEMA) in 1987, which contains information that CHAART volunteers should read as they are preparing to go to their first disaster. It is intended to help prepare individuals who will be helping during a disaster.

Disaster work can be a unique, rewarding, and demanding experience. Under disaster conditions people get to know one another more quickly than under usual social circumstances. In disasters, workers often become like a family, working, eating and literally living together. A strong sense of adventure and excitement exists, as well as a sense of meaning and purpose. A certain amount of stress is present in your everyday life, but it can become more intense during disaster work. Experiencing stress is normal and expected in these types of situations. You may find answers to the following questions helpful.

How am I affected by stress during a disaster operation? You may experience physical symptoms associated with stress such as headaches, upset stomach, diarrhea, or have poor concentration, and feelings of irritability and restlessness. You may become tired of the disaster and prefer not to talk about it, think about it. Or even associate with coworkers in your time off. You may become tired of continual interaction with victims and may want to isolate yourself in your time off. You may be feeling frustrated or guilty because you miss your family, but are unavailable to them both physically and emotionally due to your psychological involvement in the disaster, fatigue, and so forth. Phone calls home can be both frustrating and rewarding. You may feel your family and friends simply cannot understand the disaster experience. If they become irritated, it can compound the problem, and temporary isolation and estrangement can occur.

What can I do to minimize stress during a disaster?

Try to make your living accommodations personal and comfortable. When packing for the disaster, take a few mementos from home to help you keep in touch psychologically. Try to get regular exercise consistent with your physical condition and enjoy some activity away from the disaster scene. Do things that help you relax at home such as listening to music, running, reading a good book, or taking a hot bath. Get enough sleep and try to eat regularly even if you're not hungry. Try to avoid foods high in sugar, fats and sodium, such as donuts and fast foods. Take a good vitamin and mineral supplement to be sure your body is getting the nutrients it needs. Avoid excessive use of alcohol and coffee. Caffeine is a stimulant and should also be used in moderation as it affects the nervous

system, making you feel nervous and edgy. Although you need time alone on long disaster operations, you should also spend time with co-workers, particularly if you are a newcomer to disaster work. Both experienced and new disaster workers should spend respite time, sometimes with co-workers, away from the disaster scene. You will probably find others who enjoy similar activities and are interested in group social activities (movie, dinner, volleyball, or a picnic), so spend time doing these things.

Humor helps ease the tension. However, use it carefully as victims or co-workers can take things personally, resulting in hurt feelings if they are the brunt of “disaster humor.” When on the job, it is important to take breaks, especially if you find yourself making mistakes, getting short with people, or unable to concentrate. Stay in touch with family and friends back home. Write or call. Sharing stories and feelings with them and listening to theirs, helps prevent the sense of being a stranger when you return home.

Volunteers

Recruiting and managing volunteers is a tremendous effort which involves recruiting volunteers to provide daily care for the animals. The Incident Commander requires disaster assistance volunteers to be registered to protect the safety and security of the people and property affected by a disaster, as well as to ensure that those providing assistance are qualified to do so.

Volunteer workers are assigned a job classification based on the work they are qualified to do during a disaster. Animal control units, animal protection units and other animal welfare organization's volunteers will receive priority in filling certain volunteer positions. Convergent, or untrained volunteers, may be authorized as needed by the Incident Commander.

Protocols for Volunteers

- Stand-by/Alert Protocol: Do not show up at the Pet Evacuation Shelter until you are notified to do so. When the Shelter is officially opened, you will be notified. We will contact you by email and place you on alert status, in which you will have time to pack and prepare. Please make sure you keep your contact information up to date.
- Volunteers must sign-in at the Red Cross Shelter at the school prior to signing in at Pet Evacuation Shelter. Volunteers will be able to take advantage of the daily meals and sleeping quarters.
- Sign in utilizing the Volunteer log in sheet located at the registration area immediately upon arrival to Pet Evacuation Shelter. A volunteer sign in/sign out log will be maintained daily so be sure to sign out after your shift.
- Please bring with you the following items:
 - Your CHAART volunteer t-shirt and ID badge. Your ID badge must be displayed on your person at all times while you are volunteering at the shelter. If you do not have your ID card with you, do not expect anyone, from your agency or any other agency to accept you as a bona fide member of the shelter team. Local authorities may ask unidentified volunteers to leave the area and can arrest those who refuse.

If you have not been issued a CHAART ID badge, please contact CHAART, Inc.

- A minimum 3 day supply of drinking water, food, clothes, medication, bedding, personal care supplies, rain gear, etc. No shorts, open-toed shoes or orange outer garments will be permitted at the shelter. Also, please sleeping bag and pillow.
- Exemplary behavior from all volunteers is expected at all times. The command structure is to be respected and neither usurped nor ignored at any time. The Incident Commander is the ultimate decision-maker for all situations within the animal shelter. The Pet Evacuation Shelter ICS chart will be displayed inside the shelter.
- Volunteer workers cannot be held liable for their actions during a disaster while acting within the scope of their responsibilities. However, they are not protected if their actions were 'willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed by the volunteer.
- Insurance – upon completion of the Hillsborough County VIP application, volunteers will be afforded the following minimum benefits:
 - Liability insurance: Hillsborough County is self-insured and volunteers will be covered to the same extent as employees are when performing their assigned duties. It is imperative that any incidents be reported to the supervisor immediately.
 - Workers' Compensation: Volunteers injured while performing their assigned duties will be covered by workers compensation to the same extent as employees are. It is imperative that any accident or injury be reported immediately.
- Drivers must be currently licensed.
- Volunteers must be at least 18 years old to volunteer at the Pet Evacuation Shelter.
- Fatigue clouds judgment, shortens tempers and affects your quality of work on subsequent shifts. Any confrontational behavior, evidence of illegal drug use, alcohol consumption, inappropriate smoking, willful failure to follow instructions, interference with the work of others or evidence of theft may incur reassignment, surrender of badge or relief of duty for a period of time. Any other obviously inappropriate behavior will be handled similarly.

- Do not talk to the news media yourself. Only the Public Information Officer speaks to the media. Please refer any reporters to the PIO. If you are not sure who that is, refer them to the nearest person in charge.
- Please be careful. Avoid putting yourself or others in additional danger. You are strongly encouraged to wear back support belts. Ask for assistance in lifting any pet or supplies over 20 pounds. If you are pregnant, or have significant health problems, let us know and volunteer only for tasks that will be safe for you!
- Recommended but not required: current tetanus vaccine, rabies pre-exposure (if interacting with aggressive animals or quarantined animals).
- Take proper precautions to avoid animal bites, and if bitten, please report immediately to the incident commander and take necessary precautions to clean the wound. (Fill out Bite Form)
 - Please observe the colored cage card system at all times. Unless otherwise approved, **RED** and **YELLOW** cage cards represent animals which cannot be handled by volunteers. disaster situation, especially in endemic areas.
- Smoke only in designated areas.
- Report any injury or illness to the volunteer coordinator (see ICS chart at shelter)
- Do not remove an animal from a cage, exercise an animal, or feed an animal unless owner requests or you are given explicit instructions from Shelter Coordinator.
- Designated personnel should not discharge any animals out any of the facility until sure of the animal's identification and the identity of the person taking the animal. When owner of animal(s) is ready to discharge their animal, please complete *Shelter Admission/Discharge Form*. Verification upon discharge is a valid drivers license or passport. This is to prevent theft of animals.
- Unfortunately, some dishonest people try to take advantage of disaster situations for their own gain. Notify a supervisor if you notice suspicious persons or activities within the shelter area.
- There are no stupid questions. If you are given an assignment and the instructions don't make sense, ask questions until they do.
- When you have been assigned a specific job; you should remain with that job until their supervisor gives them another job assignment. When volunteers abandon a

job, without having someone to replace them, it can cause problems in the flow of services.

VOLUNTEER TRAINING

- UAN/EARS www.uan.org
- HSUS/DART www.hsus.org
- FEMA Independent Study www.training.fema.gov
 - NIMS ICS 100, 200, 700 and 800
 - Animals in Disaster Modules A & B
- American Red Cross www.redcross.org
 - CPR & First Aid (animals and humans)
 - Disaster Sheltering and Response

CHAART ID CREDENTIALING

- GREEN: shelter check-in, organization of paperwork, assist with set up and break down
 - Completed CHAART Volunteer Training for PES
 - EARS/DART/HCAS
- YELLOW: shelter check-in, organization of paperwork, assist with set up and breakdown, assist owners with care if necessary, observation of animals, assist in animal sheltering areas
 - Completed CHAART Volunteer Training for PES
 - EARS/DART/HCAS/Pet First Aid Course/Animal Handling Course
- RED: shelter check-in, organization of paperwork, assist with set up and break down, assist owners with care if necessary, observation of animals, assist in animal sheltering areas, veterinary experience, assess and treat fractious/agitated animals, recommend treatment/advice to owners.

- Completed CHAART Volunteer Training for PES
- EARS/DART/HCAS/Pet First Aid Course/Animal Handling Course/Veterinarian/Vet Tech/Shelter Experience
- BLACK: Incident Commander and Assistant - All above duties with the exception of veterinarian advice; liaison between EOC and Operations and Logistics Managers.

Pre-Shelter Building Inspection Checklist for Pet Evacuation Shelter

The staff first on scene will walk through the locker rooms and verify the below items prior to constructing tarps onto lockers. If necessary, the Incident Commander will inform the school principal of any of the following.

- Overall cleanliness of locker rooms
- Note existing damage to lockers, etc.
- Functionality of restrooms
- Ingress, egress and working locks on all doors
- Take photographs/video of locker rooms prior to set-up and upon completion of shut-down.

Intake and Registration Process

Registration and forms

Pet-Evacuation shelter staff and pet owner will complete the following:

- Shelter Admission/Discharge for Animal Form
 - Have owner fill out the first half of the form and sign. Please ensure owner fills in all information requested.
 - Staff will complete bottom half of form. Ask owner for Drivers License or Resident ID and copy this number onto the form. The designated owner will be the only person permitted to discharge animal. If owner is providing crate, bowls and other belongings, please verify owner name is on the item(s). Current rabies tag and proof of vaccination within last 12 months is required.
 - After form is completed, file alphabetically by owner last name in the Shelter Admission Binder with the Pet Owner Sheltering Agreement stapled along with it.
 - NOTE: The animal's intake number will be the owner's drivers license number.
- Pet Owner Sheltering Agreement
 - Owner must read thoroughly and sign. Upon completion, staple form to Shelter Admission/Discharge for Animal Form and file in the Shelter Admission Binder. (3-hole punch if necessary)
- Cage Card (green, red or yellow) 4 X 6
 - Write owner's drivers license number from Shelter Admission/Discharge Form on the top of the cage card. Write in pet name, breed/color, any medications the pet may be taking, the owner name, shelter sleeping location, any special needs or notes to shelter staff (i.e. owner will feed only, fear of strangers, etc). This cage card will be attached to the specified crate/cage with a cable tie and be clearly visible.
 - Green card: issued if the animal is very friendly in a crate and in a kennel environment. Shelter staff may add water as needed and walk.

- Yellow Card: issued if the animal may be frightened in the shelter environment; also issued if the owner is unsure of how animal will at in shelter environment. Volunteers are asked to be cautious with animals with yellow cage cards and only designated personnel are permitted to interact with these animals.
 - Red Card: issued when animal will known to be aggressive or act fearful to strangers. Volunteers are asked to be cautious with animals with red cage cards. Only designated personnel are permitted to interact with these animals.
- ID bands
 - Dog/Cat: Write intake number (owner's drivers license number) from Shelter Admission Form on pet ID band along with pet's name and owner's last name. This pet ID tag may be placed on the outside of the owner's carrier.
 - Pet Owner: Write owner's drivers license number from Shelter Admission Form on ID band along with owner last name and attach to owner's wrist. Only one (1) wristband per family.
- Provide to owner a copy of the Pet Owner Rules to keep.

Transport Animal to Shelter Area

Upon completion of intake/registration process, the volunteer will escort the owner and the pet to the designated locker room entrance. The volunteer will place the crated pet into the pre-determined site in the respective locker room. If the pet owner did not provide their own crate, one will be provided. Select the appropriate size of crate for the animal. The animal must be able to turn around inside the crate and stand comfortably. The volunteer also needs to ensure the cage card is attached the crate via cable tie, and all supplies provided by the owner are labeled and stored properly. Cover the crate with fabric (sheet) or towel.

? Generally, if the disaster is of a nature capable of being sensed by the animals (weather related low pressure) some will go into a state of semi-hibernation lessening their need for exercise and elimination. Even for animals not previously crate-trained, the carrier creates a den-type environment, and the fabric covering increases this sense of security. The covered crate and the dim light lessens the animal's distractions, reduces stress and encourages it to be inactive. Owners should be educated to keep their pet as quiet as possible by not removing it from the crate or urging it to play. Finally, the covering acts as a deterrent to people sticking their fingers inside to pet the animals - an easy way to get bitten.

Pet Owner Responsibilities

The pet-Evacuation shelter staff will be responsible during the time when it is deemed unsafe for the owners to walk between the people shelter and the pet shelter area.

Visitation – At the pet-Evacuation shelter, Hillsborough County Animal Control staff and/or the Incident Commander will have the authority to clear all non-personnel including pet owners from the pet-Evacuation shelter area before weather conditions become unsafe and instruct them to return to the Red Cross shelter.

- Visitation Hours – During visiting hours, owners are responsible for feeding and watering their own animals, unless special needs dictate, in which case volunteers will be assigned to these duties. As it stands, the animals will be cared for by pet-Evacuation shelter staff and they will be responsible for the feedings of the animals during the times it is deemed unsafe for the owners to be traveling between the two shelter areas. The owner must be registered at the Red Cross shelter in order to utilize the services of the pet Evacuation shelter.
- The following visiting hours for the owned pets in the pet evacuation shelter will be observed:
 - 7:00 am – 7:20 am: Owner last name beginning A-L
 - 7:40 am – 8:00 am: Owner last name beginning M-Z
 - 5:00 pm – 5:20 pm: Owner last name beginning A-L
 - 5:40 pm – 6:00 pm: Owner last name beginning M-Z
- The Pet Evacuation Shelter will close to the public at 9:00 pm and all animals must be in their carriers/cages. If weather permits, prior arrangements may be made for visitations between 8 am and 5 pm. The IC or Shelter Manager will make this decision.

Medication – Unless needs dictate, including the unsafe conditions for travel between shelter areas, owners are responsible for administering all medications to pets. The owner shall make sure that any medication necessary should be given prior to the storm's arrival and as soon as it is safe after the storm. During the storm the owners will not be able to wander outside their building for safety reasons. The owner should keep a record of

medications administered to their pet in case a medical emergency occurs and will keep animal's medication on their person. No medication will be kept with the animal.

Sanitation – It is expected of owners to be the primary caretakers of their pet's cleanliness and sanitation needs. Outdoor relief areas should be cleaned (scooped) regularly. Indoor relief areas should be changed (newspaper) at least twice daily. Each owner will pick up and dispose of fouled papers and lay down clean papers.

? Owners shall provide their own food and medicines for their pet(s). Although frequent visits with pets are encouraged, the pet evacuation shelter Incident Commander reserves the right to limit visitation to the pet areas. No children shall be in the pet shelter area, and the animal care volunteers will have the authority to restrict the pet areas from children visitation.

Discharging of Pet

Upon discharge of pet, the owner must report to the intake/registration area to complete discharge paperwork. Staff will locate the Shelter Admission/Discharge for Animal form located in the binder and remove. Ask owner for Drivers License or Resident ID for proof of ownership. Only the owner may check out an animal. Upon verification of ownership, the volunteer should write the departure date and time on the Discharge form and present to the owner for signature. After paperwork is completed, file the forms in the Discharged Binder. The volunteer will then escort the owner to retrieve his/her animal and confirm that all supplies from the owner are returned to the owner.

Shelter Operations

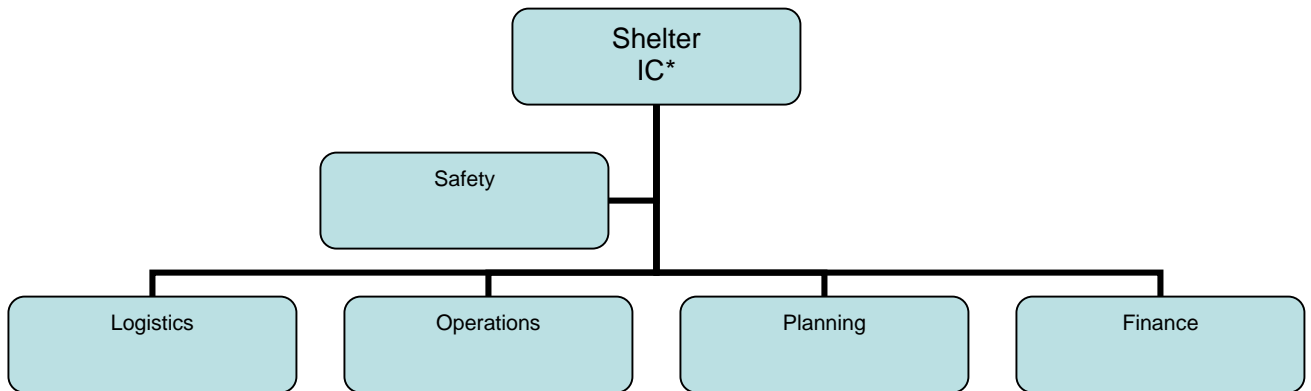
Cleaning: Supplies include paper towels, newspapers, disinfectant solution and spray bottle (1 cup chlorine bleach mixed with 1 gallon of water), litter, litter pans, and plastic waste disposal bags. These items will be available for the public to utilize for the pets.

Daily Check-In Animal Log for each kennel area (cats and dogs). Owner will sign check-in log each time their pet is walked/fed (minimum twice per day). This Check-in list will need to be monitored frequently throughout the day.

The Incident Command System will be utilized for the Pet Evacuation Shelter. This system is outlined on the following pages.

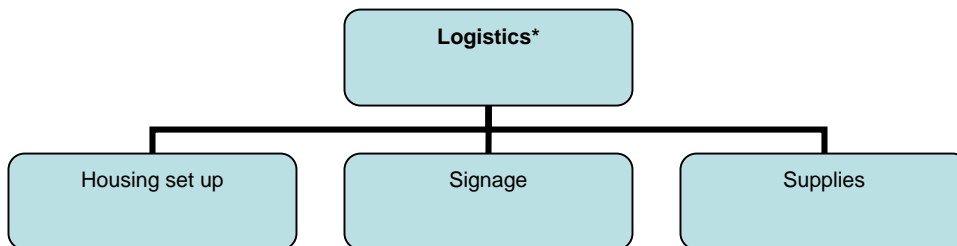
National Incident Management System Flow Chart

Command



*** RESPONSIBILITY FOR OVERALL OPERATIONS.**

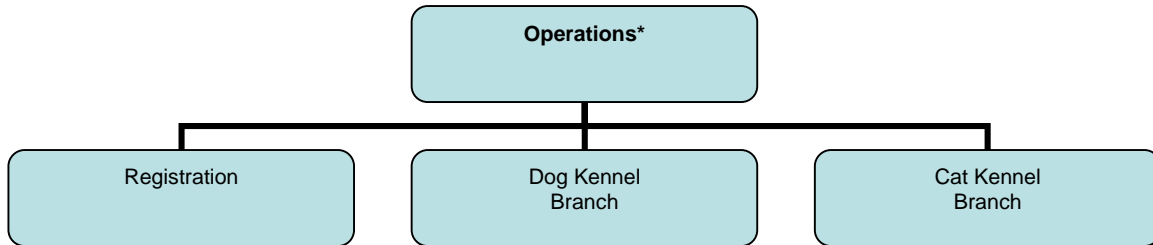
Logistics



*** RESPONSIBILITY FOR OVERALL LOGISTICAL SUPPORT OF CAT AND DOG EVACUATION SHELTER COMPONENT**

1. Set up signage and registration location at designated shelter.
2. Request additional security from law enforcement, if needed.
3. Evaluate building facilities and report conditions.
4. Inventory supplies and report on needs and surplus.
5. Set up fans, trash cans, and other necessity supplies.
6. Stage additional support supplies including disinfectant, refrigerators, first aid, generators, lighting, etc....

Operations



* RESPONSIBLE FOR THE OPERATION OF REGISTRATION AND KENNELS

1. Register evacuees and their cat / dog using associated forms.
2. Take picture of animal with owner.
3. Make photocopy of owners driver's license or resident ID card for file.
4. Distribute animal collar, owner wrist band and associated stickers (as necessary).
5. Direct owner to appropriate kennel area.

Cleaning: Supplies include paper towels, newspapers, disinfectant solution and spray bottle (1 cup chlorine bleach mixed with 1 gallon of water), litter, litter pans, and plastic waste disposal bags. These items will be available for the public to utilize for the pets.

Shelter Shut-Down

Clean up. All equipment will be cleaned and disinfected. The facility will be policed for cleanliness and damage. Floors will be cleaned and disinfected. Volunteers will be needed in each area to provide the necessary cleaning and disinfecting. The cleaners and disinfectants will be available in the supply area. It is extremely pertinent that we leave the shelter in the same condition upon our arrival. Any violations could negatively impact the future of pet evacuation shelters in our county. All supplies will need to be loaded into the trailer.

Forms

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Supply Request Form.....	Page 41
Shelter Admission/Discharge for Animal Form.....	Page 42
Pet Owner Sheltering Agreement.....	Page 43
Daily Check In / Out Animal Log.....	Page 44

PET OWNER RULES

Below outlines the basic responsibilities of residents caring for their animal. Please review and be prepared to take your part.

1. You must report to the designated registration location with your cat or dog prior to the impact of the storm.
2. You must have identification with you and on your cat or dog and animal cage at all times.
3. You must provide appropriate air craft type animal kennel for your pet.
4. You must provide written proof of current Rabies and distemper vaccinations.
5. There are designated “living areas” for residents and designated “living areas” for cats and dogs. Residents may NOT bring their cat or dog to the “residents living areas”.
6. Owners agree to feed, water, sanitize and exercise their cat or dog on a scheduled frequency of no less that twice daily.
7. Owners will not permit other shelter occupants to handle or approach their animal(s). Cage doors will be latched and secured with wire or rope or as deemed necessary.
8. Owner shall permit their animal(s) to be examined to determine if medical or stress conditions are present and require attention. Owner also agrees to the administration of medication to alleviate any symptoms.
9. Owner agrees that if their animal(s) become unruly, aggressive, show signs of contagious disease, is infected by parasites (fleas, ticks, lice, etc...) the pet(s) may be removed to a more isolated location.
10. Owner acknowledges that failure to follow these rules may result in the removal of their animal(s).
11. Owner acknowledge that any decision concerning the care and welfare of their animal(s) and the shelter population as a whole are within the sole discretion of the Hillsborough County Animal Services or designee – whose decisions are final.
12. After the storm, any pet found abandoned or with out owner in the shelter, will result in the animal being relocated to Hillsborough County Animal Services with final disposition left to the discretion of Hillsborough County Animal Services.

Hillsborough County Pet Evacuation Shelter

INTAKE NUMBER _____

Pet Name: _____

Breed/Color: _____

Medications: _____

- Male Female
 Neutered Spayed

OWNER NAME: _____

SHELTER SLEEPING LOCATION:

SPECIAL NEEDS/NOTES TO SHELTER STAFF:

I ARRIVED ON: _____

TIME: _____

**CHAART
ESF – 17: ANIMAL PROTECTION**

- **Before allowing your pets outdoors**
 - Thoroughly check the area to determine that it is safe.
 - Make sure enclosures are sound.
- **Keep your pets leashed and make certain they're wearing their id tags for several days when outdoors.**
 - Damage in the area may confuse your pet.
 - Watch for and avoid displaced wildlife and strays.
 - Normally safe waterways may be contaminated as may be standing water.

Report all sick, injured or bite animal incidents to:

Hillsborough County Animal Services
440 Falkenburg Road, Tampa, FL 33619
(813)744-5660

To report a sick, injured, or bite animal after normal dispatching hours (between 5:00 p.m. and 8:00 a.m. Monday through Friday, weekends, and County holidays), call the department's emergency answering service at: (813)654-6006.

**CHAART
ESF – 17: ANIMAL PROTECTION**

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HILLSBOROUGH COUNTY

VOLUNTEERS IN PUBLIC SERVICE (VIPS)

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

Thank you for wanting to become one of Hillsborough County's VIPS--Volunteers in Public Service. We want to match your skills with our needs and need the following information. In order to process, your application must be completed fully.

PERSONAL INFORMATION

PLEASE PRINT

NAME _____ Telephone _____

Address _____
Street _____

City _____ State _____ Zip _____ Birthday _____
Month Day Year

Special Skills-Education-Training _____

Are you presently employed? Yes No May we contact you at work? Yes No Work Telephone _____

VOLUNTEERS MUST PROVIDE THEIR OWN TRANSPORTATION Do you have a car? Yes No

Driver's License No. _____ Do you have auto liability insurance? Yes No

Personal references:

Name _____ Phone _____ Name _____ Phone _____

Address _____ Address _____

In case of an emergency contact: _____ Relationship: _____

Address: _____ Phone: _____

VOLUNTEER ACTIVITY INFORMATION

I would like to work in the following areas:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Children's Shelter | <input type="checkbox"/> Teach Crafts | <input type="checkbox"/> Summer Food Program | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Clerical (Wide Variety) | <input type="checkbox"/> Play Chess | <input type="checkbox"/> Data Entry | <input type="checkbox"/> 4-H |
| <input type="checkbox"/> Senior Citizens Groups | <input type="checkbox"/> Fire Hydrant Painting | <input type="checkbox"/> Work With Disabled | <input type="checkbox"/> Cable TV |
| <input type="checkbox"/> Trades Helper | <input type="checkbox"/> Library Work (Varied) | <input type="checkbox"/> Literacy Program | <input type="checkbox"/> Animal Adoption |
| <input type="checkbox"/> Special Events/Parks | <input type="checkbox"/> Dog Grooming | <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Teacher Aid/Child Care |
| <input type="checkbox"/> Head Start Activities | <input type="checkbox"/> Parks, Playground Assistants | | <input type="checkbox"/> Other |

I would prefer to work in this general geographical Location: _____

I am available to work the days and hours indicated:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A.M.	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___
P.M.	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

Previous volunteer experience: _____

If under 18, this portion must be completed

PARENT/GUARDIAN CONSENT

I, _____, as parent or legal guardian of _____ hereby give my consent for him/her to participate as a volunteer in Hillsborough County's VIPS program. I understand that there will be supervision by a county employee and that all safety regulations pertaining to the job will be followed.

Signature

Date

As a Hillsborough County volunteer you will be afforded the following minimum benefits.

LIABILITY INSURANCE: Hillsborough County is self-insured and volunteers will be covered to the same extent as employees are when performing their assigned duties. It is imperative that any incidents be reported to the supervisor immediately.

WORKERS' COMPENSATION: Volunteers injured while performing their assigned duties will be covered by workers compensation to the same extent as employees are. It is imperative that any accident or injury be reported immediately.

When the County utilizes volunteers, it assumes certain risks; therefore, some personal questions have to be asked. When you work as a volunteer for the County, you are considered by law the same as an employee of the County.

ALL information required on the Application will be used solely within the VIPs program.

Have you ever been charged with a crime or misdemeanor? Yes No
(Driving infractions are not criminal and should not be listed)

Date: _____

Offense: _____

State, County: _____

Disposition: _____

Have you ever been charged with operating a motor vehicle under the influence of alcohol or drugs? Yes No

Date: _____

Offense: _____

State, County: _____

Disposition: _____

For safety reasons, I understand that some applications may be processed through the Sheriff's Office. I also understand that some departments may require additional personal information.

PLEASE SIGN HERE

Signature: _____ Date: _____


PLEASE RETURN APPLICATION TO: Laura Molina, Citizen Volunteer Coordinator
Hillsborough County, Human Resources
P. O. Box 1110
Tampa, FL 33601-1110

For questions, please call Laura Molina at (813) 272-6216.

HILLSBOROUGH COUNTY IS A DRUG-FREE WORKPLACE

(Information Below for **Office** Use Only)

Referred to: _____
Department: _____
Phone: _____ Date: _____
Comments: _____

DATE OF TRAINING	 <p style="margin: 0;">Hillsborough County Animal Services Community Of Hillsborough Animal & Agricultural Response Team (CHAART) VOLUNTEER APPLICATION <i>This application is completed during the Volunteer Training Workshop.</i></p>		
LOCATION OF TRAINING			
NAME	SOCIAL SECURITY NUMBER		
ADDRESS	DRIVER'S LICENSE NUMBER/ STATE		
CITY / STATE / ZIP CODE	ARE YOU LICENSED TO DRIVE ANYTHING OTHER THAN A CAR? <input type="checkbox"/> NO <input type="checkbox"/> YES WHAT? _____		
HOME PHONE NUMBER	WORK PHONE NUMBER	PAGER NUMBER	MESSAGE PHONE NUMBER
HOW DID YOU LEARN ABOUT THE CHAART PROGRAM?			
IN CASE OF EMERGENCY			
CONTACT		RELATIONSHIP	
ADDRESS			
PHONE		MESSAGE NUMBER	
MEDICAL INFORMATION			
DO YOU HAVE HEALTH INSURANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES	CARRIER		POLICY NUMBER
DO YOU HAVE A CURRENT TETANUS VACCINATION? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NOT, YOU MUST GET ONE. PROOF OF THE VACCINATION WILL BE NEEDED PRIOR TO ALLOWING YOU TO VOLUNTEER IF YES, DATE OF LAST TETANUS VACCINATION? _____		
ARE YOU ON LONG TERM MEDICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, TYPE _____	DO YOU HAVE ANY MEDICAL CONDITIONS THAT HCAS SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN _____		
DO YOU HAVE ANY MEDICAL ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN _____	ARE YOU ALLERGIC TO ANY ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE _____	ARE YOU AFRAID OF ANY ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE _____	
EMPLOYMENT HISTORY			
NAME AND ADDRESS OF CURRENT EMPLOYER			
POSITION		WORK SCHEDULE	
WHAT JOBS HAVE YOU HAD IN THE PAST FIVE YEARS?			
COMPANY	POSITION	DUTIES (BE BRIEF)	
ARE YOU FLUENT IN ANY LANGUAGES BESIDES ENGLISH? <input type="checkbox"/> NO <input type="checkbox"/> YES WHICH? _____			
ANIMAL HANDLING EXPERIENCE			
<input type="checkbox"/> DOGS <input type="checkbox"/> CATS <input type="checkbox"/> HORSES <input type="checkbox"/> DONKEYS <input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> PIGS			
<input type="checkbox"/> BIRDS <input type="checkbox"/> REPTILES -TYPE <input type="checkbox"/> WILDLIFE - TYPE			
<input type="checkbox"/> EXOTIC ANIMALS -TYPE		HAVE YOU EVER HUMANELY TRAPPED ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES	
WHAT PREVIOUS ANIMAL RELATED EXPERIENCE DO YOU HAVE? DOES ANY OF YOUR EXPERIENCE INCLUDE HELPING ANIMALS DURING A DISASTER?			
THIS FORM CONTINUES ON REVERSE			

VOLUNTEER APPLICATION (Continued)

AVAILABLE RESOURCES TO BE USED DURING A DISASTER

<input type="checkbox"/> CAR -TYPE _____	<input type="checkbox"/> TRUCK -TYPE _____
<input type="checkbox"/> TRAILER -TYPE _____	<input type="checkbox"/> BOAT- TYPE _____
<input type="checkbox"/> CAMPER -TYPE _____	<input type="checkbox"/> TENT -TYPE _____
<input type="checkbox"/> 4-WHEEL VEHICLE-TYPE _____	<input type="checkbox"/> KENNELSPACE _____

(INDICATE FOR NUMBER OF WHAT TYPE ANIMAL)

TEMPORARY HOLDING CAGES / PENS _____
(INDICATE FOR NUMBER OF WHAT TYPE ANIMAL)

ARE ANY VEHICLES YOU MIGHT USE WHILE CONDUCTING DISASTER ANIMAL RESPONSE SERVICES INSURED? NO YES
INSURANCE CARRIER _____ POLICY NUMBER _____ RENEWAL DATE _____

WHAT WOULD YOUR AVAILABILITY BE DURING A DISASTER? <input type="checkbox"/> MORNINGS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> EVENINGS <input type="checkbox"/> WEEKDAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ANYTIME <input type="checkbox"/> 1 WEEK <input type="checkbox"/> 2 WEEKS <input type="checkbox"/> 3 WEEKS <input type="checkbox"/> 4 WEEKS	WOULD YOU BE ABLE TO TRAVEL AT YOUR OWN EXPENSE TO DISASTERS IN OTHER AREAS? DRIVING <input type="checkbox"/> NO <input type="checkbox"/> YES FLYING <input type="checkbox"/> NO <input type="checkbox"/> YES ARE YOU AVAILABLE FOR NATIONWIDE RESPONSE? <input type="checkbox"/> NO <input type="checkbox"/> YES
---	--

WHY DO YOU WANT TO VOLUNTEER TO HELP ANIMALS DURING A DISASTER?

HOW DO YOU SEE YOURSELF HELPING ANIMALS DURING A DISASTER? BE SURE TO LIST ANY SPECIAL SKILLS OR RESOURCES YOU HAVE

WHAT SPECIFIC VOLUNTEER POSITION ARE YOU INTERESTED IN? (PLEASE BE SPECIFIC AND DO NOT PUT "ANYTHING")

FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
_____	_____	_____

AS A VOLUNTEER WITH ANIMAL SERVICES DISASTER ANIMAL RESPONSE SERVICES, I AGREE TO THE FOLLOWING:

- To represent CHAART in a professional manner while volunteering
- To follow the rules and procedures outlined during the volunteer training workshop taught by CHAART.
- To respect CHAART right to terminate me as a volunteer, should it be determined that I am in conflict with the goals of CHAART to help animals during disasters. CHAART has the right to also terminate volunteers if it's determined to be a threat to their health and well being.
- To return to CHAART any property belonging to the organization upon request. Any property not returned will be billed to me for the full value. A person cannot volunteer again until all equipment is returned in good condition.
- To use equipment and facilities belonging, or being used by CHAART, in a manner not to damage or destroy them. Volunteers are responsible for replacing and/or repairing any property they intentionally damage or destroy.
- To not represent CHAART to the media without approval of the Director of CHAART.
- To not abuse or neglect any animals in the care of CHAART during a disaster.
- To not cause bodily harm to any other volunteers, CHAART 's staff members, or other individuals cooperating with the animal disaster relief efforts.
- Under no conditions will volunteer be allowed to bring guns, hunting type knives, or bows and arrows to a Animal Relief Center.
- Alcohol and illegal drugs are not permitted to be used at anytime when you are volunteering with CHAART If a volunteer violates either, they will be dismissed as a volunteer
- Smoking is not permitted in any Animal Relief Shelter that CHAART is working in, especially when handling animals. This is for the protection of the animals and other volunteers There will be areas designated for smoking, if it is determined to be safe. Gas leaks can be a real threat following a disaster. Smoking is not permitted during rescue work either, especially when working in areas where there is a threat of gas or other fuel leaks.

I have read the above mentioned conditions and agree to abide by them while a volunteer with CHAART.

VOLUNTEER _____ DATE _____

THIS FORM COMPLIES WITH UAN # F017 5/95

T- Shirt Size:

Hillsborough County Animal Services Community of Hillsborough Animal and Agriculture Response Team (CHAART) CONVERGENT VOLUNTEER REGISTRATION

By completing this form, you are registering as a "convergent" volunteer with Hillsborough County Animal Services & CHAART. Completing this form does not guarantee you will be able to volunteer during this disaster. Volunteers who have already completed the CHAART disaster preparedness workshop are selected to volunteer first. If additional people are needed, convergent volunteers will then be considered.

If you would like to receive information on future CHAART disaster preparedness workshops, please check the appropriate box: NO YES

DATE		LOCATION OF DISASTER	
NAME		SSN	
ADDRESS		DRIVERS LIC # / STATE	
CITY / STATE / ZIP CODE		ARE YOU LICENSED TO DRIVE ANYTHING OTHER THAN A CAR? <input type="checkbox"/> NO <input type="checkbox"/> YES WHAT?	
HOME PHONE	WORK PHONE	PAGER	CELL
IN CASE OF EMERGENCY			
CONTACT		RELATIONSHIP	
ADDRESS			
PHONE		CELL	
MEDICAL INFORMATION			
DO YOU HAVE HEALTH INSURANCE? <input type="checkbox"/> NO <input type="checkbox"/> YES	CARRIER		POLICY NUMBER
DO YOU HAVE A CURRENT TETANUS VACCINATION? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NOT, YOU MUST GET ONE. PROOF OF THE VACCINATION WILL BE NEEDED PRIOR TO ALLOWING YOU TO VOLUNTEER IF YES. DATE OF LAST TETANUS VACCINATION?		
ARE YOU ON LONG TERM MEDICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, TYPE	DO YOU HAVE ANY MEDICAL CONDITIONS THAT HCAS SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN		
DO YOU HAVE ANY MEDICAL ALLERGIES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPLAIN	ARE YOU ALLERGIC TO ANY ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, TYPE	ARE YOU AFRAID OF ANY ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, TYPE	
ANIMAL HANDLING EXPERIENCE			
<input type="checkbox"/> DOGS	<input type="checkbox"/> CATS	<input type="checkbox"/> HORSES	<input type="checkbox"/> DONKEYS
<input type="checkbox"/> BIRDS	<input type="checkbox"/> REPTILES -TYPE _____	<input type="checkbox"/> CATTLE	<input type="checkbox"/> SHEEP
<input type="checkbox"/> EXOTIC ANIMALS -TYPE _____	<input type="checkbox"/> WILDLIFE -TYPE _____	<input type="checkbox"/> GOATS	<input type="checkbox"/> PIGS
HAVE YOU EVER HUMANELY TRAPPED ANIMALS? <input type="checkbox"/> NO <input type="checkbox"/> YES			
WHAT PREVIOUS ANIMAL RELATED EXPERIENCE DO YOU HAVE? DOES ANY OF YOUR EXPERIENCE INCLUDE HELPING ANIMALS DURING A DISASTER?			
THIS FORM CONTINUES ON REVERSE			

THIS FORM COMPLIES WITH UAN: FO31 9/97

CONVERGENT VOLUNTEER REGISTRATION (Continued)

AVAILABLE RESOURCES TO BE USED DURING A DISASTER

WHAT RESOURCES CAN YOU MAKE AVAILABLE TO THE DISASTER ANIMAL RESPONSE TEAM DURING THIS DISASTER BESIDES YOUR TIME?

ARE YOU FLUENT IN ANY OTHER LANGUAGES BESIDES ENGLISH? NO YES WHICH LANGUAGES? _____

AS A VOLUNTEER WITH CHAART, I AGREE TO THE FOLLOWING:

- To represent CHAART in a professional manner if I end up volunteering.
- To follow the rules and procedures set up by CHAART during this disaster.
- To respect CHAART's right to terminate me as a volunteer, should it be determined that I am in conflict with the goals of CHAART to help animals during disasters. CHAART has the right to also terminate volunteers if it's determined to be a threat to their health and well being.
- To return to CHAART any property belonging to the organization upon request. Any property not returned will be billed to me for the full value. A person cannot volunteer again until all equipment is returned in good condition.
- To use equipment and facilities belonging, or being used by CHAART, in a manner not to damage or destroy them Volunteers are responsible for replacing and/or repairing any property they intentionally damage or destroy.
- To not represent CHAART to the media without approval of the Director of the CHAART Program.
- To not abuse or neglect any animals in the care of CHAART during a disaster.
- To not cause bodily harm to any other volunteers, CHAART 's staff members, or other individuals cooperating with the animal disaster relief efforts.
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I have read the above mentioned conditions and agree to abide by them while a volunteer with CHAART.

_____ VOLUNTEER _____ DATE

Thank you for your interest in helping the animals during this disaster. Hopefully we will be able to have you work with us.

CHAART STAFF

THIS FORM COMPLIES WITH UAN: FO31 9/97

--- VOLUNTEER INFORMATION

**Community of Hillsborough Animal & Agricultural Response Team (CHAART)
Volunteer Insurance Information**

When the County utilizes volunteers, it assumes certain risks; therefore, some personal questions have to be asked. When you work as a volunteer for the County, you are considered by law the same as an employee of the County.

As a Hillsborough County/CHAART volunteer you will be afforded the following minimum benefits:

LIABILITY INSURANCE: Hillsborough County is self-insured and volunteers will be covered to the same extent as employees are when performing their assigned duties. It is imperative that any incidents be reported to the supervisor immediately.

WORKERS' COMPENSATION: Volunteers injured while performing their assigned duties will be covered by workers compensation to the same extent as employees are. It is imperative that any accident or injury be reported immediately.

NOTE: Insurance does not cover damage to ones own property or any property within their own personal control.

Print Volunteer's Name

Today's Date

Volunteer's Signature

Address/City/State Zip Code

Disaster Currently Responding To

CHAART Pet Evacuation Shelter DONATIONS RECEIVED

LOCATION _____

TODAY'S DATE _____

Page ____ of ____

LAST NAME	FIRST NAME	ORGANIZATION	COMPLETE ADDRESS	TYPE	DESCRIPTION AND COMMENTS	THANKS LETTER
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> IN KIND		

**Hillsborough County
ESF-17: Animal Protection
ANIMAL RESCUE REQUEST FORM**

THIS FORM TO BE DISTRIBUTED TO LAW ENFORCEMENT, UTILITY CREWS, MILITARY AND OTHER WORKERS IN THE DISASTER AREA, AS WELL AS PET OWNERS EVACUATED FROM THE AREA. IT SHOULD ALSO BE USED TO RECORD INFORMATION FROM OWNERS CALLING IN A RESCUE REQUEST. PLEASE FILE A SEPARATE REQUEST FOR EACH ANIMAL. THE FORM SHOULD BE COMPLETED FOR ALL ANIMALS SIGHTED, EVEN IF DECEASED.

LOCATION OF ANIMAL OR SIGHTING _____

DATE _____ TIME _____ AM or PM

DESCRIPTION OF ANIMAL: DOG CAT OTHER _____ MALE FEMALE ALTERED

BREED _____ COLOR _____ AGE _____

DISTINCTIVE MARKINGS (note injuries or special conditions) _____

NAME OF REQUESTING PARTY _____

AGENCY or OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: WORK (_____) _____ HOME (_____) _____ OTHER (_____) _____

TEMP ADDRESS (If Other Than Permanent) _____ CITY _____ STATE _____ ZIP _____

IF OWNER, IS KEY AVAILABLE? yes no LOCATION OF KEY _____

IF NO, IS KEYLESS ENTRY AUTHORIZED? yes no SIGNATURE OF OWNER _____

NAME OF PERSON COMPLETING FORM (Please Print) _____

FORM COMPLETED ON: DATE _____ TIME _____ AM / PM

****RESCUE TEAM USE ONLY****

REQUEST RECEIVED: DATE _____ TIME _____ AM or PM

ACTION TAKEN _____

EMERGENCY MEDICAL TREATMENT PROVIDED TO ANIMAL _____

TREATMENT GIVEN BY Rescue Team Veterinarian NAME _____ PHONE (_____) _____

ANIMAL TAKEN TO _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (_____) _____

This Report Must Accompany the Animal.
The Animal / Carrier should be Identified with the Location of Rescue and the Log Number.

LOG # _____

CHAART — DISASTER SERVICES PHONE LOG

LOCATION _____ TODAY'S DATE _____ Page ____ of ____

TIME	YOUR NAME	FROM (NAME/NUMBER)	FOR (NAME/NUMBER)	COMMENTS	ACTION REQUIRED	FOLLOW-UP COMPLETED

CHAART — DISASTER SERVICES ANIMAL ROSTER — SIGN-IN / SIGN-OUT

LOCATION _____ TODAY'S DATE _____ Page ____ of ____

PERSON RESPONSIBLE ON SITE	ANIMAL NAME	SPECIES	SEX (INDICATE INTACT OR ALTERED)	RABIES / COGGINS / OTHER (SPECIFY)	OWNER / EMERGENCY CONTACT NAME	PHONE	SIGN IN TIME	SIGN OUT TIME	TOTAL HOURS TODAY

Provided by The Humane Society of the United States for Disaster Relief Purposes

CHAART — DISASTER SERVICES PERSONNEL ROSTER — SIGN-IN / SIGN-OUT

LOCATION _____ TODAY'S DATE _____ Page ____ of ____

LAST NAME	FIRST NAME	ORGANIZATION	HOME PHONE	CELL PHONE	EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	SIGN IN TIME	SIGN OUT TIME	TOTAL HOURS TODAY

PET OWNER SHELTERING AGREEMENT

I, _____ the owner of _____ understand that emergencies exist and that limited arrangements have been made to allow myself, family and pet to remain in the shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and have explained them to any other family member accompanying me and my pet.

1. My pet will remain contained in its approved carrier except at scheduled times. During scheduled relief time, my pet will be properly confined with leash, harness and muzzle (if necessary). Scheduled times will be strictly adhered to.
2. I agree to properly feed, water and care for my pet as instructed by the Hillsborough County Animal Services or designee.
3. I agree to properly sanitize the area used by my pet, including proper waste disposal and disinfecting.
4. I certify that my pet is current on rabies and all other vaccinations recommended.
5. I will not permit other shelter occupants to handle or approach my pet either while it is in its carrier or during exercise time.
6. I will maintain proper identification on my pet and its carrier at all times.
7. I permit my pet to be examined by animal shelter personnel.
8. I acknowledge that my failure to follow these rules may result in the removal of my pet from the shelter. I further understand that if my pet becomes unruly, aggressive, show signs of contagious disease, is infested with parasites or begins to show signs of stress-related conditions, my pet may be removed to a remote location. I understand that any decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of Hillsborough County Animal Services or its' designee, whose decisions are final.
9. I certify that my pet has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment.

I hereby agree to hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered any loss or damage as a result of the care and sheltering of my animal(s).

Pet owners signature

Pet owners printed name

Date

Daily Check In / Out Animal Log

Page _____ of _____

Shelter location _____ Date _____

Owner Name	Pet Name	AM Time	PM Time	Comments