



Shelter \_\_\_\_\_  
Incident \_\_\_\_\_  
Animal ID#s: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Cape Cod Disaster Animal Response Team  
AGREEMENT TO SHELTER RULES

I \_\_\_\_\_ understand and agree to abide by the pet sheltering rules explained in this agreement and will explain them to any other family members with me in the Disaster Shelter.

1. My pet(s) will remain restrained in an approved carrier except at my scheduled visit times. During visits, my pet(s) will be properly restrained by a leash or harness, with a muzzle (if needed).
2. I agree to properly feed, water, exercise and care for my pet(s) on a daily basis as instructed by these rules and shelter staff. I agree to sanitize the areas used by my pet(s) by disinfecting its carrier and properly disposing of waste as instructed by shelter staff. If I am physically unable to perform these duties, I will inform the pet shelter staff immediately.
3. I agree to perform daily care of my pet(s) at least twice a day: no later than 10:30 AM in the morning and no later than 6:30 PM in the evening. I agree to document this care on the Animal Care Sheet(s) attached to my pets' carrier(s). Any administration of medication will also be properly documented.
4. I certify that my pet(s) is/are current on rabies and all other recommended vaccinations and agree to assume the cost of these vaccinations if given at the shelter because my records are not sufficient to show that my pet(s) is/are fully protected.
5. I will not permit other shelter occupants to handle or approach my pet(s) while it is(they are) in a carrier or during care and exercise times.
6. I agree that I will not permit any children under the age of 18 to enter the animal shelter area. They will remain outside the CCDART shelter area. I will maintain proper identification on my pet(s) and carrier(s) at all times and will make sure that the carrier door(s) is/are securely fastened.
7. I will permit my pet(s) to be examined by qualified animal personnel to determine if medical or stress conditions require attention. I agree to the administration of medication to alleviate any such symptoms.
8. I agree that if my pet(s) become unruly or aggressive, show(s) signs of a contagious disease, is/are infected with parasites such as fleas or lice, or is/are showing signs of a stress-related condition, it/they may be moved to a more appropriate location. In addition, I understand that any decision regarding care and welfare of my pet(s) and the shelter population as a whole is within the discretion of the shelter manager.
9. I certify that my pet(s) has/have no history of aggressive behavior and has/have not been diagnosed with any contagious diseases for which it has/they have not received successful treatment.
10. I agree to wear the appropriate identification as instructed by the shelter staff each time I enter and/or exit the animal shelter and to adhere to my scheduled visiting times
11. I acknowledge that while staff will make every effort to return personal items I brought for my pet(s), the shelter cannot be held responsible if these items are lost, damaged or destroyed. I also acknowledge that the shelter cannot guarantee the return of any soft articles such as blankets or stuffed toys that cannot be easily sanitized.
12. I acknowledge that my failure to follow these rules may result in the removal of my pet(s) to another location.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_

Shelter: \_\_\_\_\_  
 Incident: \_\_\_\_\_  
 Animal ID#: \_\_\_\_\_

# Animal Intake Form

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TODAY'S DATE: _____	RECEIVED BY: (PLEASE PRINT) _____	<b>OFFSITE STATUS (if Applicable)</b>
<b>ARRIVING STATUS OF ANIMAL</b>	REQUESTED RESCUE?	<b>OUT DATE</b> <b>LOCATION</b> <b>RETURN DATE</b>
<input type="checkbox"/> RESCUED <input type="checkbox"/> DROPPED OFF <input type="checkbox"/> DEAD ON ARRIVAL	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHO REQUESTED IT? <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	_____ _____ _____

ARE YOU THE OWNER?    YES    NO      If not, what is your relationship to the animal? \_\_\_\_\_

CONTACT INFORMATION			
NAME: _____	ADDRESS: _____	CITY/STATE/ZIP: _____	
HOME PHONE: _____ (      )	WORK PHONE: _____ (      )	CELL PHONE: _____ (      )	
ALT. PHONE: _____ (      )	E-MAIL ADDRESS: _____		
PERMISSION TO FOSTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SURRENDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE NO.: _____	STATE: _____

**LOCATION OF ANIMAL PICKUP (Give address if known and landmarks)**

\_\_\_\_\_

ANIMAL INFORMATION			
<input type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> HORSE <input type="checkbox"/> REPTILE <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> LITTER (Under 8 weeks old)   NUMBER IN LITTER: _____	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> NEUTERED <input type="checkbox"/> SPAYED <input type="checkbox"/> UNKNOWN	BREED: _____	<input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE
AGE: <input type="checkbox"/> YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/> SENIOR	TAIL: <input type="checkbox"/> LONG <input type="checkbox"/> SHORT <input type="checkbox"/> CURLY <input type="checkbox"/> BUSHY <input type="checkbox"/> DOCKED	EARS: <input type="checkbox"/> ERECT <input type="checkbox"/> FLOP <input type="checkbox"/> CROPPED	
FUR LENGTH: _____	COLOR(S): _____	IF CAT, IS IT DECLAWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTINGUISHING MARKS? _____			
ANIMAL'S NAME (If known): _____		<input type="checkbox"/> MICROCHIP <input type="checkbox"/> TATTOO NUMBER: _____	
COLLAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		ID TAG? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE/COLOR: _____		NAME/PHONE NUMBER: _____	
COUNTY RABIES LICENSE NO./YEAR: _____	ISSUING COUNTY: _____	ATTEMPT TO CONTACT COUNTY (Date & Result): _____	
IS ANIMAL AGGRESSIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Mark Cage)	IF YES, WHAT IS THE ANIMAL AGGRESSIVE TOWARD? <input type="checkbox"/> PEOPLE <input type="checkbox"/> DOGS <input type="checkbox"/> OTHER ANIMALS	HAS ANIMAL BITTEN ANYONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**ATTEMPTS TO CONTACT OWNER**

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_ BY: \_\_\_\_\_

MEDICAL INFORMATION			
KNOWN DISEASE STATUS: TYPE: _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG	TYPE: _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG
KNOWN VACCINATION STATUS: TYPE: _____	<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR	LOT #: _____	_____
TYPE: _____	<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR	LOT #: _____	_____
TYPE: _____	<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR	LOT #: _____	_____
KNOWN INJURIES/MEDICAL HISTORY: _____			
MEDICATIONS NEEDED: _____			

DEPARTING STATUS OF ANIMAL			
DATE RECLAIMED: _____	OWNER'S SIGNATURE: _____	DRIVER'S LICENSE NO.: _____	STATE: _____
	PRINT NAME: _____	PHONE NO.: _____	
DATE FOSTERED/ADOPTED: _____	(Attach completed foster/adoption agreement to intake form)		PHONE NO.: _____
	SIGNATURE: _____	PRINT NAME: _____	
DATE EUTHANIZED: _____	REASON: _____		
	VETERINARIAN (signature) _____	PRINT NAME: _____	

ATTACH PICTURE HERE



Shelter \_\_\_\_\_  
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Animal ID#s \_\_\_\_\_

Cape Cod Disaster Animal Response Team  
LIABILITY RELEASE FORM

Pet Name(s) \_\_\_\_\_ Carrier # \_\_\_\_\_

Owner Last Name \_\_\_\_\_

Circle as appropriate: Dog Cat Pocket Pet Bird Breed/Type \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I am the owner (agent) of the above-named animal(s), and hereby request the emergency quartering of this/these animal(s) being evacuated because of a pending or occurring disaster.

I hereby release the receiving property owners and care givers from any and all liability regarding the care and quartering of this/these animal(s) during and following the emergency.

I acknowledge that if emergency conditions pose a threat to the safety of this/these animal(s), additional relocation may be necessary and that this release is extended to such relocation.

I also acknowledge that the risk of injury or death to this/these animal(s) during an emergency cannot be eliminated and agreed to be responsible for any veterinary expenses which are incurred in the treatment of my animal(s).

The cost (if any) of returning this/these animal(s) after the emergency will be at my or my agent's expense. If this/these animal(s) is/are not claimed within thirty (30) days, I will be notified of its/their possible adoption or relocation, unless prior arrangements have been made.

Owner/Agent Printed Name \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Witnessed By \_\_\_\_\_





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Cape Cod Disaster Animal Response Team  
ANIMAL RELEASE FORM  
(To Be Signed Only Upon Discharge From Shelter)

Pet Name \_\_\_\_\_ Carrier # \_\_\_\_\_

Owner Last Name \_\_\_\_\_

Circle as appropriate: Dog Cat Pocket Pet Bird Breed/Type \_\_\_\_\_

I \_\_\_\_\_ acknowledge that I am the owner (agent) of the above-named animal(s)/property, that I have taken custody of the animal(s)/property, and that I am now responsible for its/their transport and care. I also acknowledge that I have received the animal(s) in satisfactory condition. I release this facility along with its staff and volunteers and any sponsoring agencies associated with this facility's animal care from any further responsibility.

I have been advised that the premises to which I am returning the animal(s) should be thoroughly checked for damage (i.e., downed fences, holes, hot spots, chemicals and any other animal endangering conditions, etc.) before returning the animal(s) to its/their premises and before the animal(s) is/are released from this facility.

Owner Signature \_\_\_\_\_

Owner Identification \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Witnessed By \_\_\_\_\_

\_\_\_\_\_

CCDART only:<sup>1/</sup>

Transfer Status (if applicable):

Shelter to which animal(s) is/are to be transferred: \_\_\_\_\_

Date and time received at new shelter: \_\_\_\_\_

Received by: \_\_\_\_\_

\_\_\_\_\_

<sup>1/</sup> This area is used ONLY ONCE. When the animal(s) is/are released from the second shelter a NEW release form must be signed.