A#:	P#:	A2: Emergency Release Form
I, the undersigned, am the owner	or agent of the animal described	above.
As the owner/agent, I hereby requ or occurring disaster.	uest the emergency shelter and	I care of the animal being evacuated because of a pending
		eceiving the animal (hereinafter "animal caregivers") from during and following this emergency.
As the owner/agent, I acknowledge may be necessary, and this release		ose a threat to the safety of the animal, additional relocatio elocation.
As the owner/agent, I acknowledge and agree to be responsible for an of their animal.		to the animal during an emergency cannot be eliminated y be incurred in the treatment
	estimated costs. In the event the	ncy triage veterinary care regarding the animal's emergency proves serious enough to require transport to a require further treatment:
Please initial next to the statemen	t(s) that are appropriate:	
	services the doctor deems neces	ssary for the best care of the animal until I can be ecessary diagnostic tests.
l authorize up to \$	I am unable to provid	de monetary support over and above this amount.
unable to reach me in a ti	· · · · · · · · · · · · · · · · · · ·	ific authorization is given unless the shelter is authorize the shelter to treat or manage my by medical necessity.
lf an animal is not claime owner/agent will be notifie	d withindays (unlesed of possible adoption or relocation	ss prior arrangements have been made), the ion.
Printed name of animal owner	Signature of animal owner	Date
Address of animal owner		
Home phone (including area code)	Cell	Pager
Place of employment		Work phone
Address to which owner (agent) plans to ev	acuate during emergency	

The owner/agent is responsible for keeping the animal caregivers informed of where the owner/agent can be contacted during the emergency.

Phone (including area code)

A#:		P#:		A5:	Animal Ca	re Daily Log
Name				Date arrived	Dog	Cat
Other	M/F	S/N Br	eed		Color	
Special diet						
Special needs/addit	tional notes					
Date	Feeding	Water	Cleaning	Exercise	Comment	s
	AM PM	AM PM	AM PM	AM PM		

Date	Fee	ding	Wa	ater	Clea	ning PM	Exe	rcise PM	Comments		
	AM	ding PM	AM	ter PM	AM	PM	AM	PM			
Minden.											
	H, 5		T, I								
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				4.1							

	γ	Attachment A - Shelter For
A#:	75	A6: Medication Log
Medication #1		
Medication #2		
Medication #3		

Medication	Date	AM	Staff Initials	Mid-day	Staff Initials	PM	Staff Initials
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A#:	P#:	A7: Behavioral	Log
Date		Behavior	

A8: Animal Count Log

Date:

	Previous Al	АМ	A Chai	M nges	Midday I	Midday		noon nges	PM Expected	PM Count
Species	Count	Count	+	•		Count	+			
Dogs										
Cats										
Rabbits										
Hamsters/ guinea pigs										
Rats/mice										
Ferrets										
Small mammals Other										
Birds (domestic)										
Lizards										
Snakes										
Frogs/turtles										
Reptiles/amph/ other										
Fish										
Horses/ponies										
Donkeys/ burros/mules										
Llamas/ alpacas										
Cattle										
Sheep										
Goats										
Swine										
Emu/ostrich										
Chicken										
Fowl other										
Exotic										
Other										
TOTAL										