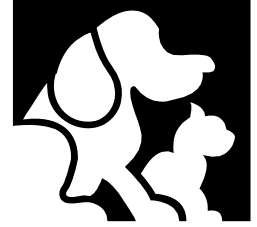


**FOR OFFICE USE:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Chameleon #: \_\_\_\_\_ Microchip Type: \_\_\_\_\_ Microchip Number: \_\_\_\_\_ Pet ID Tag#: \_\_\_\_\_



## Indian River County Pet Friendly Shelter Annual Registration Form



**Pet Friendly Shelter Eligibility Requirements:**

1. Evacuees must provide proof that they reside in a mandatory evacuation area.
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.

**I live in the following mandatory evacuation area:**

- |                     |                          |
|---------------------|--------------------------|
| Barrier Island      | <input type="checkbox"/> |
| East of U.S. #1     | <input type="checkbox"/> |
| Mobile/Man. Home    | <input type="checkbox"/> |
| Area known to flood | <input type="checkbox"/> |

**Number of persons in your party requiring shelter: \_\_\_\_\_**

### Owner Information

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

### Emergency Contact Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Primary Phone #</b>		<b>Alternate Phone #</b>	

### Pet Information

<b>DOG</b>	Breed/Type:		Male <input type="radio"/>	Female <input type="radio"/>	
	Pet's Name:		Age:		
	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.):	
<b>CAT</b>	Breed/Type:		Male <input type="radio"/>	Female <input type="radio"/>	
	Pet's Name:		Age:		
	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.):	
<b>OTHER:</b>	Breed/Type:		Male <input type="radio"/>	Female <input type="radio"/>	
	Pet's Name:		Age:		
	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.):	

**FOR OFFICE USE:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Chameleon #: \_\_\_\_\_ Microchip Type: \_\_\_\_\_ Microchip Number: \_\_\_\_\_ Pet ID Tag#: \_\_\_\_\_

Is your pet...		
Good with children?	Yes <input type="radio"/>	No <input type="radio"/>
Good with cats?	Yes <input type="radio"/>	No <input type="radio"/>
Fearful of strangers?	Yes <input type="radio"/>	No <input type="radio"/>
Good with dogs?	Yes <input type="radio"/>	No <input type="radio"/>
Obedience trained?	Yes <input type="radio"/>	No <input type="radio"/>
Does your pet...		
Dart out of open doors?	Yes <input type="radio"/>	No <input type="radio"/>
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"/>
How is your dog exercised?	Leash walked	<input type="radio"/>
	Fenced Yard	<input type="radio"/>
	Tied Outdoors	<input type="radio"/>
	Penned	<input type="radio"/>
	Loose/Free Roam	<input type="radio"/>
	Indoors Only	<input type="radio"/>
If walked, how many times per day?	One	<input type="radio"/>
	Two	<input type="radio"/>
	Three	<input type="radio"/>
	Four or more	<input type="radio"/>
Where does your pet sleep?	Indoors	<input type="radio"/>
	Outdoors	<input type="radio"/>
	Garage	<input type="radio"/>
	Pen	<input type="radio"/>
	Crate	<input type="radio"/>
	Other:	
Pet Diet		
What type of food does your pet eat?	Canned	<input type="radio"/>
	Dry	<input type="radio"/>
	Moist	<input type="radio"/>
What brand of food does your pet eat?		
When do you feed your pet?	Morning	<input type="radio"/>
	Noon	<input type="radio"/>
	Evening	<input type="radio"/>
Is your pet on a special diet?	Prescription Diet	<input type="radio"/>
	Allergy Diet	<input type="radio"/>
	Other:	

**FOR OFFICE USE:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Chameleon #: \_\_\_\_\_ Microchip Type: \_\_\_\_\_ Microchip Number: \_\_\_\_\_ Pet ID Tag#: \_\_\_\_\_

**Veterinary Information**

Has your pet ever been to a veterinarian? Yes  No

Name of veterinarian: \_\_\_\_\_

Vaccine status: N/A  Current  Past Due

****Has your pet had the following shots?	N/A <input type="radio"/>	<b>Rabies (Required for dogs/cats)</b> <input type="radio"/>	Distemper <input type="radio"/>	Parvo <input type="radio"/>	Feline Leukemia <input type="radio"/>
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Is your pet on heartworm prevention?	N/A <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Due Date: _____
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Is your pet on flea control?	N/A <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>	Due Date: _____
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Is your pet on special medication:	Yes <input type="radio"/>	No <input type="radio"/>	Medication List:		
			_____		
			_____		

\*\*\*\* **Please Note:**

- You must provide proof of rabies vaccination and county license for your cat and/or dog. Evacuees are encouraged to consult with their individual veterinary health care providers for recommendations about the use of *additional* vaccines for the optimal immunity for your pet against contagious disease.
- 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.

<b>Owner's Signature:</b>	<b>Date:</b>
_____	_____

**Mail Application to:** Humane Society of Vero Beach & Indian River County  
P.O. Box 644  
Vero Beach, Florida 32961

**Questions????** 388-3331, Ext. 10

**For Office Use Only:**

**Intake:**

**Intake Application** Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Discharge:**

I hereby certify that I have received and discharged my pet(s) from the Indian River County Pet-Friendly shelter.

Owner \_\_\_\_\_ Date \_\_\_\_\_

Discharge Application Processed By: \_\_\_\_\_ Date: \_\_\_\_\_