



Humane Society of Broward County

Pet Friendly Shelter



Pre-Registration by Mail Procedure

Thank you for being a responsible pet owner and caring about you and your family's safety including your pet(s). The Pet Friendly Shelter is first available to Broward County Residents living in a Hurricane Evacuation Zone (residence east of US1 or in a Mobile Park Community Home).

The Pre-registration packet includes the following forms:

- One "**Owner's Information**" form
- One for each pet "**Pet Information**" form
- One "**Emergency Release**" form (for up to 6 pets)
- One "**Owner's Agreement**" form
- One General Information Sheet

You must complete the above forms and include:

Copies of 2 documents showing current place of residence. You may choose among these:

- **most recent utility bill such as phone, electric, water, cable, HOA association, renters ticket, or any other document proving residence...**
(please make sure to black out or white out all personal information including amounts and account numbers. The only information that needs to be visible is the date of the document, your name and address)

Include a copy of a document for each pet that indicates:

- **date of current rabies vaccination**
- **current Broward County ID Tag number**
(many veterinary statements have this information, and the County provides a written document with Tag ID # and vaccination date)

A **current photograph** of each pet. We will not return this photo to you.

Mail the pre-registration documents to the **Humane Society of Broward County, c/o Pet Friendly Shelter**, 2070 Griffin Road, Fort Lauderdale FL 33312.

You may also bring them to the shelter anytime Monday through Saturday between 8:00 am and 6:00 pm and Sunday between 8:00 am and 5:00 pm.

A confirmation of your pre-registration will be emailed (or mailed) to you within 10 days. If you do not receive this confirmation please contact Lorna Inge at 954-266-6810.



PFS - OWNER INFORMATION

Please complete non-shaded areas

Complete the following information about yourself						Family #			
Last Name			First Name						
Address									
City				State		Zip			
Home Phone ()			Work Phone ()						
Cell Phone ()			email						
Do you live in a mobile park?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you live east of US1?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give park name									

List the pets that you will be bringing to the shelter with you				Total # of Pets	
Pet Name	Species (cat, dog, bird...)	Location	Carrier #	Checked out	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

OWNER INFORMATION.....continued

List the family members that will be coming to the shelter with you and that will be allowed to care for your pet(s)

Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>
Last name		First name		Relationship		<input type="checkbox"/>

List names of people we can contact in case of an emergency (optional)

Last name		First Name	
Address			
City		State	Zip
Home Phone	()	Work Phone	()
Cell Phone	()	Other	()
Last name		First Name	
Address			
City		State	Zip
Home Phone	()	Work Phone	()
Cell Phone	()	Other	()

Complete the following information for your pet(s)'s Veterinarian (optional)

Clinic Name			
Address			
City		State	Zip
Phone #1	()	Phone #2	()



PFS - OWNER'S AGREEMENT

Please complete non shaded areas

I, the owner of the pet(s) listed on the Owner Information Form, understand that an emergency exists and that special arrangements have been made to allow my family and pet(s) to remain together in this shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and will explain them to any other family member accompanying me and my pet(s).

RULES

1. My pet(s) will remain contained in its approved carrier or carrier supplied to me, except at scheduled times. During scheduled relief time, my pet(s) 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(s) as instructed by the animal handler. Administration of all medication should be properly documented.
3. I agree to properly sanitize the areas used by my pet(s), including performing proper waste disposal and disinfecting as instructed by the animal handler.
4. I certify that my pet(s) is current on rabies vaccination (if applicable).
5. I will not permit other shelter occupants to handle or approach my pet(s) either while it is in its carrier or during exercise times. I will make sure the carrier door is latched and secured.
6. I will maintain proper identification on my pet(s) and its carrier at all times.
7. I will permit my pet(s) to be examined by qualified animal shelter personnel to determine if medical or stress conditions requiring attention are present.
8. I acknowledge that my failure to follow these rules may result in the removal of my pet(s) to another location. I further understand that if my pet(s) becomes unruly or aggressive, shows signs of contagious disease, is infested by parasites (fleas, ticks, lice, etc.) or begins showing signs of stress-related conditions, it may be removed to a more appropriate location. I understand that any decision concerning the care and welfare of my pet(s) and the shelter population as a whole are within the sole discretion of the animal handler; whose decisions are final.

I certify that my pet(s) has no previous history of aggressive behavior and has not been diagnosed with any contagious disease 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

I acknowledge that the following items were loaned to me to provide care and confinement of my pet(s) during the emergency:

_____ (none at this time)

Signature

Printed Name

Date (mm,dd,yy)



PFS - EMERGENCY RELEASE FORM

Please complete the non-shaded areas

<i>Owner Last Name</i>		<i>First Name</i>	
<i>Name of Pet(s)</i>	1. _____	4. _____	
	2. _____	5. _____	
	3. _____	6. _____	
<p>The pet owner hereby requests the emergency sheltering of the animal being evacuated because of a pending or occurring disaster. The pet owner hereby releases the Humane Society of Broward County and its employees and volunteers from any and all liability regarding the care and sheltering of the animal during and following this emergency. The animal owners acknowledge that if emergency conditions pose a threat to the safety of the animal, additional relocation may be necessary, and this release is intended to extend to such relocation.</p> <p>The animal owners acknowledge that the risk of injury or death to the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal. It is also requested that the animal owners contribute to the feeding and daily care of their animal, if possible and requested.</p> <p>Unless prior arrangements have been made, if an animal is not claimed when the owner leaves the Shelter, it will be considered abandoned.</p> <p>It is the responsibility of the owner to keep the Humane Society of Broward County informed of where the animal owner can be contacted following the emergency.</p>			
<input type="text"/>		<input type="text"/>	
<i>Owner Signature</i>		<i>Date (mm/dd/yy)</i>	



PFS - PET INFORMATION

Please complete non shaded areas. Complete one form for each Pet.

Pet Name (Print in <u>big</u> letters)		Pet Number	
		Family Number	
		Location	
Owner Last Name		Carrier Number	

If Dog; Breed (primary)				If Dog; Breed (mix/secondary)			
If Cat; Breed			Color				
Gender	F <input type="checkbox"/>	M <input type="checkbox"/>	Age:		Weight		Neutered/Spayed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Tattoo / Chip #		Tag ID #		Date of last rabies vaccination	/	/	
Special markings?							
Briefly describe important <u>temperament</u> issues that animal handlers should know about							
Is the Pet ill or taking any medication? If yes, please state illness and specify medication and describe times and means of medication given (ex: oral, injection or added to food, 2 times daily...)							

Attach photo of pet	