

LAST NAME _____ FIRST NAME _____ TRANSPORT NEEDED; Yes No
 CHAMELEON # _____ MICROCHIP TYPE _____ NUMBER _____ PET ID TAG# _____

Please circle or check all questions below.

**HUMANE SOCIETY OF VERO BEACH AND INDIAN RIVER COUNTY, FLORIDA
 DISASTER FOSTER PET ADMISSION INFORMATION**

MY HOME IS IN: please check

<input type="checkbox"/> Mandatory evacuation area.	<input type="checkbox"/> Modular home	<input type="checkbox"/> Flood plain
I AM REQUESTING FOSTER CARE OF MY PET(S) DURING AN EMERGENCY DUE TO:		
<input type="checkbox"/> Mandatory work	<input type="checkbox"/> Registered at Special Needs Shelter	<input type="checkbox"/> Live in mandatory evacuation area
<input type="checkbox"/> Agency/Company: _____	<input type="checkbox"/> I have no where to take my pet	<input type="checkbox"/> I cannot take my pet with me

Do you have a crate or wire cage for your pet? ___Yes ___ No

Can you transport your pet to our shelter? ___Yes ___No

Owners Name _____

Last Middle First

Home Address _____

Apt#/Lot# City State Zip

Mailing Address (if different from above) _____

Drivers License _____ Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

E-mail Address _____

Emergency contact _____ Phone # Day _____ Evening _____
 First Last Name

Address you will be staying at During Emergency _____

City _____ State _____ Phone _____

Animal description:

Name of Pet _____ Dog ___ Cat ___ Bird ___ Other _____

How long have you owned your pet? _____. Age _____ Male ___ Female ___ Spayed? Neutered?

Breed/Type _____ Color & Markings _____

If not sterilized, is animal pregnant? Yes ___ No ___. In Heat? Yes ___ No ___

Important Animal Information:

Good with Children?	Yes No	Lived with Children ?	Yes No
Children's ages ?		Number of Children in Home ?	
Good with Cats ?	Yes No	Good with Dogs ?	Yes No
Travels well in car ?	Yes No	Obedience Trained ?	Yes No
Darts out open doors ?	Yes No	Has animal bitten anyone ?	Yes No
Shown aggression towards people ?	Yes No	Shown aggression towards animals ?	Yes No
Destructive when left alone ?	Yes No	Percentage Indoors %	%
Percentage Outdoors	%	Housebroken ?	Yes No
Fearful of strangers?	Yes No		

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Important Animal Information:

How is the dog exercised ?	<input type="checkbox"/> Leash Walked	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Tied Outdoors	<input type="checkbox"/> Penned	<input type="checkbox"/> Loose/ Free - Roam	<input type="checkbox"/> Indoors only
If Walked, How many times per day?	<input type="checkbox"/> Once	<input type="checkbox"/> Twice	<input type="checkbox"/> Three	<input type="checkbox"/> Four or more		
Where does the animal sleep?	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Garage	<input type="checkbox"/> Pen	<input type="checkbox"/> Crate	<input type="checkbox"/> Other

Diet:

What type of food does your pet eat?	<input type="checkbox"/> Canned	<input type="checkbox"/> Dry	<input type="checkbox"/> Moist	<input type="checkbox"/> Brand
When do you feed?	<input type="checkbox"/> Morning	<input type="checkbox"/> Noon	<input type="checkbox"/> Evening	
Special Diet?	<input type="checkbox"/> Prescription Diet	<input type="checkbox"/> Allergy Diet	<input type="checkbox"/> Other	

Veterinary Information

Has the animal been to a Veterinarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name of Veterinarian?				
Vaccine Status	<input type="checkbox"/> Current	<input type="checkbox"/> Past Due		
What shots has animal had?	<input type="checkbox"/> Rabies	<input type="checkbox"/> Distemper	<input type="checkbox"/> Parvo	<input type="checkbox"/> Feline Leukemia
<input type="checkbox"/> Is your Pet on Heartworm Prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Due Date:	
<input type="checkbox"/> Is your Pet on Flea Control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Due Date:	
<input type="checkbox"/> Is your Pet on Special Medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> If yes, please list				
<input type="checkbox"/> Are you financially able to pay for medical care while your pet is in foster care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Items left at shelter with your pet:

<input type="checkbox"/> Crate	<input type="checkbox"/> Wire	<input type="checkbox"/> Airline Type		
<input type="checkbox"/> Leash	<input type="checkbox"/> Leather	<input type="checkbox"/> Nylon	<input type="checkbox"/> Chain	<input type="checkbox"/> Retractable
<input type="checkbox"/> Collar	<input type="checkbox"/> Leather	<input type="checkbox"/> Nylon	<input type="checkbox"/> Chain	<input type="checkbox"/> Color _____
<input type="checkbox"/> Food	<input type="checkbox"/> Special diet	<input type="checkbox"/> Canned	<input type="checkbox"/> Dry	
<input type="checkbox"/> Medications				

Signature _____

Date _____

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PICTURE

AGREEMENT FOR FOSTER CARE OF PET

I, _____, hereby give the Humane Society of Vero Beach and Indian River County, Fl. Inc. custody of the enclosed described pet(s) for foster care from _____ to _____ as I will be unable to provide care and custody during this period of time. I understand that the Humane Society may transfer care and custody of my pet(s) to a foster home at their discretion for the above mentioned period of time. I expressly authorize the Humane Society to transfer the custody of my pet(s) to a foster home and hereby hold the Humane Society harmless relative to any damage, injuries or any occurrence in that regard.

I further understand that if I am unable to resume care for my pet(s) on _____ that I must notify the Humane Society on or before that date. The Humane Society, in its sole discretion, shall have the right to deny or extend the foster period. If I do not contact the Humane Society on the above mentioned date or if I fail to reclaim my pet(s) at the Humane Society's request, I will relinquish ownership in said animal(s) and said animal(s) will become the property of the Humane Society. Upon relinquishment of ownership, the Humane Society shall have the exclusive right to dispose of said animal(s) as it deems appropriate by adoption to a new home or by humane euthanasia.

I further understand that the Humane Society will sterilize (spay or neuter) my pet in the event it has not been done prior to the signing of this agreement.

I hereby expressly waive any rights which I may have, if any, against the Humane Society of Vero Beach and Indian River County for the care and disposition of said animal(s) and expressly hold the Humane Society harmless therefrom.

I further state that I am the sole owner of said animal(s), and consequently have the exclusive right to sign this document as it relates to ownership of said animal(s) and waiver of same pursuant to the language contained herein. This agreement is signed freely and voluntarily.

Owners Signature _____ Date _____

Drivers License # _____ State _____ Date _____

Humane Society Representative _____ Date _____