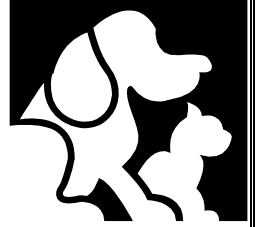


Indian River County Pet Friendly Shelter

*Registration Form (Complete and bring with you to the shelter)
No Pre-Registration. First-Come-First Served!*



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.

Owner Information

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

Emergency Contact Information

Last Name:		First Name:		
Primary Phone #		Alternate Phone #		

Pet Information

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

Does your pet...			
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"/>
Veterinary Information			
Name of veterinarian:			
Rabies Vaccine status:	N/A <input type="radio"/>	Current <input type="radio"/>	Past Due <input type="radio"/>
Is your pet on special medication:	Yes <input type="radio"/>	No <input type="radio"/>	Medication List:
**** Please Note:			
<ol style="list-style-type: none"> 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 <i>additional</i> 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. 			
Owner's Signature:		Date:	
_____		_____	
Questions???		Call the Humane Society of Vero Beach & Indian River County 772-571-6408	

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: _____