

MONROE COUNTY
EMERGENCY SHELTER AGREEMENT FOR PETS OF SPECIAL NEEDS CLIENTS

I, _____ am registered with Monroe County as a Special Needs Client. I am the owner of the pet(s) listed on the registration form on this agreement.

I understand that when an emergency exists for which I have requested to be transported to an emergency shelter, special arrangements have been made to allow my pet(s) to be sheltered in the same facility. I understand and agree to abide by the pet care rules contained in this agreement. I also understand that Monroe County may terminate this agreement and withdraw its permission for pets of Special Needs Clients in shelters and that the continuation of the permission also is contingent upon the approval of the School Board with respect to those shelters which are schools.

RULES:

1. Only such pets as are identified on this agreement are allowed in the emergency shelter. It is my responsibility to keep my emergency shelter agreement for pets up to date and to notify the Monroe County Special Needs Coordinator in writing whenever the pets which I desire to have covered by this agreement changes.
2. My pet(s) will remain contained in its approved carrier except at scheduled times.
3. I understand that my pets may be kept in a secure location separate from me and that if so sheltered, they will be attended to by animal care volunteers. If I am sheltered in the same areas as my pets and can provide care to the pets myself, I agree to the following:
 - A. During scheduled relief times, my pet(s) will be properly confined with leash, harness or muzzle (if necessary.) Scheduled times will be strictly adhered to.
 - B. Properly feed, water, and care for my pet(s) as instructed by the shelter manager. I understand all medication will be controlled by the shelter manager and administration will be properly documented.
 - C. I agree to properly sanitize the areas used by my pet(s) including proper waste disposal and disinfecting as instructed by the shelter manager.
 - D. I will not permit other shelter occupants to handle to 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 secure with a wire or rope tie.
4. I certify that my pet(s) is current on rabies and all other vaccinations required on this agreement.
5. I will remain proper identification on my pet(s) and its carrier at all times.
6. 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. I further agree to the administration of medication to alleviate any symptoms.
7. 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) become unruly, 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 shelter manager, whose decision is final.
8. I further understand that any damage to persons or property caused by my pet(s) will be my responsibility.
9. I certify that my pet(s) has/have no previous history of aggressive behavior and has not been diagnosed with any contagious disease for which it has not received successful treatment.
10. I hereby agree and hold harmless all persons, organizations, corporations, or government agencies involved in the care and sheltering of my animal(s), including injury or loss to/of the pet. I further agree to indemnify any persons or entitles which may suffer any loss or damage as a result of the care and sheltering of my animal(s).
11. I will sign for any items loaned to me to provide proper care of my pet(s) during and emergency.

SIGNED: _____

PRINTED NAME: _____ DATE: _____

**MONROE COUNTY
SPECIAL NEEDS CLIENT
PUBLIC EVACUATION SHELTER PET REGISTRATION AND AGREEMENT**

Owner: _____

Address: _____

City: _____ FL Zip: _____

Phone: _____ Email: _____

ALL ANIMALS ARE REQUIRED TO BE IN CAGES OR CARRIERS. (Please mark cage/carrier with owner's identification)

Emergency Contact (Not in Shelter) Name: _____ Phone: _____

Licensed Animals (Dogs, Cats, Ferrets) – Limit of 4 Total

Name	Type(Dog, Cat, Ferret)	Breed/Color/Other ID Mark	License #	Vaccinations*

Birds

Name	Breed	Breed/Color/Other ID Mark		Vaccinations*

Are any animals on medication? If so, explain and give time normally administered:

Can medication/supplements be given in regular food rations? Yes _____ No _____

Are there medical problems or behavioral characteristics we should know about? If yes, list:

(This information is required only for purposes of planning & not to affect the acceptance of the pet at the shelter.)

***Vaccinations: At the time of registration, County staff shall insert the Rabies Vaccination tag# and list the required vaccinations for which pet has documented proof. A predetermined list of vaccinations for specific types of pet shall be used to determine the vaccinations which are required.**

FOR OFFICIAL USE ONLY

Current Vaccinations _____ Through (date) _____

County Staff Signature: _____ Date: _____

Pets Released to Owner: Yes _____ No _____ Date: _____

**MONROE COUNTY
EMERGENCY TRANSPORTATION AGREEMENT FOR SPECIAL NEEDS
CLIENT WITH PET(S)**

I, _____ am registered with Monroe County as a Special Needs Client. I have registered my pet(s) as part of the County's Special Needs Clients Emergency Evacuation Program and entered into an Emergency Shelter Agreement. I understand that the County can only provide transportation by picking up as many similarly situated special needs clients and their pets in the same vehicle in as few trips as possible. I acknowledge that if I use the County's emergency transportation services to reach an emergency shelter with my pet(s) they will be in a vehicle with other animals. I understand that the County takes precautions to prevent the spread of disease by requiring all animals included in the program to have certain inoculations and to be on a flea/tick control program. Notwithstanding these precautions, I understand that it is possible for disease to spread between animals and/or people when placed together in the same vehicle.

I hereby waive any right or claim which might arise as a result of being in the same vehicle as the animals of other special needs clients using the same pet-friendly program.

Signed: _____

Printed Name: _____

Date: _____