



CART SHELTER PET REGISTRATION Date: _____ Time: _____

Disaster Event/Type: _____ Pet Registration#: _____
CART Shelter Name: _____ Pet Location: _____

PLEASE PRINT

A: OWNER INFORMATION

Owner's Name: _____ DL#/Co ID#: _____

Home Address: _____

Temporary Address (if different from home): _____

Home Phone: _____ Work #: _____ Cell#: _____

Owner's Email Address: _____ Number of pets registering: _____

Out of Area Contact's Name: _____ Out of Area #: _____

----- CART: TO USE AS A CAGE CARD, FOLD ON DOTTED LINE -----

B: PET INFORMATION

Arrival by: Owner; Owner's Rep; Other: _____ Pet Name: _____

Dog; Cat; Bird; Other: _____ Male; Female; Neutered

Breed: _____ Size/Wt: _____ Age: _____ Color: _____

Distinctive Markings (see list): _____

Collar; Microchip# _____; Tag# _____; Tattoo# _____

C: ANIMAL HEALTH and KNOWN BEHAVIOR

Appears Healthy; Sick; Injured; Describe sick/injury: _____

Is animal aggressive? yes; no; If yes, what is animal aggressive towards people; dogs; other animals

Has animal ever bitten a person Yes; No; If yes, has animal bitten a person in last 10 days Yes; No

Rabies Vaccination within last 3 years: Yes; No

Owner Supplied: Medication; Food; Leash; Carrier; Bowls; Other _____

Food: Dry; Canned; Name/amount: _____

Name of Medication/Treatment/Dose/Frequency: _____

Special Needs/Comments (see list): _____

----- FOLD ON DOTTED LINE TO STORE IN BINDER or USE AS CAGE CARD -----

Owner's consent for life saving/ life safety veterinary treatment – please check yes or no: Yes; No

(Owner's signature and date): _____ Date: _____

By signing below, Owner confirms this information is correct and acknowledges receipt of the CART Shelter Rules/Regulations:

Owner's signature & date: _____ Date: _____

CART Representative (print first name and initial): _____

D: ANIMAL RELEASE (TO BE FILLED OUT BY CART ONLY)

Animal Released on: Date: _____ Time: _____ CART Member initials & first name: _____

Released to Owner; Owner contacted and agreed to release to agent; Transferred to another facility

If transferred to another facility, indicate name and location: _____

Owner's/Agent's Name (print & sign): _____

Owner's/Agent's Driver's License#/County ID#: _____

If CART Shelter closes prior to animal release, indicate when it closes: Date: _____ Time: _____

Confirm attempts to contact owner (Date/Time): #1 _____ #2 _____ #3 _____