

## REGISTRATION AGREEMENT AND RULES

I, (print name) \_\_\_\_\_, understand that an emergency exists and that special arrangements have been made to allow my family and pets to remain at this facility. I understand and agree to abide by the pet care rules contained in this registration agreement and have explained them to any other family member or co-owner in the shelter. I understand and agree that for safety and security of my pet that only one (1) designated person may care for my pet and be allowed in the animal housing area.

I understand that this form applies to all my pets that are located in this shelter and that where it states \*pet\* that it is understood that \*pets\* can be substituted in the statements.

I agree to feed, water, and generally care for my pet as instructed by the shelter staff or duly appointed volunteer.

- I agree to provide adequate food and any necessary medications for my pet.
- I agree that administration of all medication is my personal responsibility as designated by my veterinarian.
- I agree to properly sanitize the areas used by my pet, including proper waste disposal, as instructed by the shelter staff.
- I understand and agree that my pet must remain in a carrier (or crate,cage) except at posted times when I will be able to exercise my pet (if appropriate) and clean its carrier.
- I understand and agree that I must maintain proper identification on my pet (if appropriate) at all times including, but not limited to, the neck band issued upon entry. I will maintain proper identification on its carrier (crate,cage) at all times.
- I certify that my dog, cat, ferret is current on their rabies vaccination or rabies titer.
- I will not permit other shelter occupants to handle or approach my pet during exercise time or while in its carrier. I will make sure the carrier door remains securely latched when my pet is inside.

I understand and agree that any decisions concerning the care and welfare of my pet are within the discretion of shelter management whose decisions are final while my pet is located in the shelter. I understand and agree that if my pet becomes unruly or aggressive, or begins to show signs of a stress related condition, it may be removed to a more appropriate location. I understand and agree that if emergency conditions pose a threat to the safety of my pet, additional relocation may be necessary. I understand and agree that this agreement and all rules listed are intended to extend to such relocations.

I understand and agree when it is announced the shelter is closing that I must remove my pet from the shelter location. **NOTE:** Any animal that is not reclaimed and removed from the shelter will be relocated to the Putnam County Animal Services Shelter or other designated facility if needed where redemption will then have to be arranged through that facility.

I agree that if at any time I fail to follow the rules, appropriate action will be taken to ensure the safety of any shelter occupants and the pets housed therein. I assume full responsibility and liability for the behavior of my pet at all times. I hereby agree to hold harmless all persons, organizations, corporations, and/or government agencies involved in the care and sheltering of my pet. I further agree to indemnify any persons or entities which may have suffered any loss or damage as a result of the care and sheltering of my pet.

I agree to all the above rules and conditions and make this binding by attaching my signature.

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Owner Signature

Date

Staff Signature

Date

**REGISTRATION**

I, the animal owner signed below, request the emergency housing of my pet(s) because of an impending or occurring emergency. I must remain at this Red Cross shelter during my pet(s) stay. I hereby release the person or entity who is receiving my animal(s) from any and all liability regarding the care and housing during and following this emergency. I acknowledge that if emergency conditions pose a threat to the safety of the animal(s), additional relocation may be necessary, and this release is intended to extend to such relocation.

I further acknowledge that the risk of injury or death to the animal(s) during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of my animal(s) up to an amount of \$ \_\_\_\_\_ per animal.

Check out is required when departing from the shelter.

I certified that my pet(s) has / does not have (circle one) current rabies vaccine or rabies titer. I fully understand that if my animal(s) should bite or scratch while housed at the shelter, the said animal will have to undergo proper quarantine. State Mandates will supersede any shelter rules and Environmental Health will be notified.

Animal Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Name (print) \_\_\_\_\_

DL or State ID # \_\_\_\_\_ ----- \_\_\_\_\_ Verified by Staff

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact (not at shelter) Out of area contact suggested

Name \_\_\_\_\_ City/State \_\_\_\_\_ #( \_\_\_\_\_ ) \_\_\_\_\_

Veterinarian \_\_\_\_\_ City \_\_\_\_\_ #( \_\_\_\_\_ ) \_\_\_\_\_

Name of Animal	Breed	Sex	Age	Color/Markings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Appropriate paperwork verified by Staff Name & Date \_\_\_\_\_

Comments by Staff \_\_\_\_\_