# p	ersons	# dogs	# cats	^						
PET FRIENDLY SHELTER AGREEMENT										
	I,, the owner of the pet(s) listed on the reverse side, understand that emergencies exist and that special arrangements have been made to allow my family and pet(s) to remain in the shelter facility.									
I understand and agree to abide by the pet care rules contained n this agreement and have explained them to any other family member accompanying me and my pet(s).										
RU	LES									
1.	My pet will remain contained in its approved carrier except at scheduled times. During scheduled relief time, my pet will be properly confined with leash, harness and muzzle (if necessary). Scheduled times will be strictly adhered to.									
2.	I agree to provide dry food, treats, kitty litter and other supplies as needed and to properly feed, water and care for my pet as instructed by designee. Administration of all medication should be properly documented.									
3.	I agree to properly sanitize the areas used by my pet, including proper waste disposal and disinfecting as instructed by designee.									
4.	I certify that my pet is current on rabies and all other vaccinations recommended and agree to assume the cost of vaccinations if given at the shelter because records are not sufficient to show animal is fully protected.									
5.	I will not permit other shelter occupants to handle or approach my pet either while it is in its carrier or during exercise times. I will make sure the carrier door is latched and secured with wire or rope tie.									
6.	I will maintain proper identification on my pet and its carrier at all times.									
7.	I will permit my pet to be examined by qualified animal shelter personnel to determine if medical or stress conditions are present requiring attention.									
8.	I acknowledge that my failure to follow these rules may result in the removal of my pet. I further understand it if my pet becomes unruly, aggressive, shows signs of contagious disease, is infested with parasites (fleas, ticks, lice, etc.) or begins to show signs of stress-related conditions, my pet may be removed to a more remote location. I understand that any decision concerning the care and welfare of my pet and the shelter populations as a whole are within the sole discretion of designee, whose decisions are final.									
I certify that my pet has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment.										
inv ent	olved in the care	and sheltering c	of my animal(s). I fur	ns, corporations or government agencies ther agree to indemnify any persons or s a result of the care and sheltering of my						
Sig	nature			Date						
Pri	nted Name		Date							
City/Zip Pnone										
Signature Date										

Printed Name											
City/Zip		Pho	one								
PLEASE LIST NAMES OF ALL PEOPLE STAYING IN THE PET FRIENDLY SHELTER AREA:											
PETS											
Dogs/Cats	Pet's Name	Age	M/F	Altered?	Breed	Color Markings					
<u> </u>			-			J-					
			ry suppleme	ents? If so, p	lease explai	n, identify which pet(s)					
and give time normally administered.											
Can medica	tions/supplemen	nts be given	in the regul	lar food ratio	n? y	yes no					
	ny medical proble		avioral chara	acteristics we	e should kno	ow about? If so,					
please iden	tify pet and provi	de details.									
Time of day	pet is normally v	walked for r	elief purpos	es:							
Additional Comments:											
. Idditional C											