

“A” TEAM (RESPONSE)
Temporary Pet Shelter Agreement

Print Owner Name _____ Employee # _____

Owner Signature: _____ Date _____

Home #: _____ Cell #: _____ Department Name/# _____

***** RETURN THIS FORM TO PAM DRIGGS (917-6834) IN THE LAB *****

1. I understand that I am solely responsible for any harm or damage caused by my pet(s) while my pet(s) are attending the temporary shelter at Sarasota Memorial Hospital. This includes, but is not limited to, injury to other persons or animals and property damage.
2. I understand and agree that in admitting my pet(s), SARASOTA MEMORIAL HOSPITAL has relied on my representation that my pet(s) is in good health and have not harmed or shown aggression or threatening behavior towards any person or any other pet.
3. I understand and agree that SARASOTA MEMORIAL HOSPITAL, its staff or volunteers, will not be liable for any problems that develop, and I hereby release them of any liability of any kind whatsoever arising from my pet(s) attendance and participation at SARASOTA MEMORIAL HOSPITAL temporary hurricane shelter.
4. SARASOTA MEMORIAL HOSPITAL is not guaranteeing attendant availability in the shelter at any time during the emergency. Such availability is strictly on a volunteer basis and will not be the responsibility of SARASOTA MEMORIAL HOSPITAL.
5. I understand and agree that if any problem develops with my pet(s), the available volunteers will first attempt to contact me to personally deal with the issues. If they are unable to contact me, then the problem will be treated as deemed best by volunteers of SARASOTA MEMORIAL HOSPITAL, in their sole discretion.
6. I assume full financial responsibility for any and all expenses involved, including any veterinary charges.
7. I will provide back up pickup for pet by _____
8. Emergency Contact Name: _____ Number: _____

I certify that:

- I have read and understand the rules and regulations set forth in the Temporary Pet Shelter agreement noted above
- My pet is in good health and has no communicable diseases or conditions (i.e., mange, cough, etc.)
- If after registering you decide to not use this service, please let us know as soon as possible at 917-6834 so that we may plan work schedules accordingly.
- I have read and understand this agreement.
- I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement and the policy and procedure.
- I also authorize my veterinarian, _____, or any other available veterinarian to provide services as needed to my pet during this emergency.

Verification of Vaccination (Use extra copies of this form for more than 3 pets):

(Month/Year vaccinated)

Pet Name: _____ Type of Pet? _____ Rabies _____ DHLPP _____ Bordatella _____

Pet Name: _____ Type of Pet? _____ Rabies _____ DHLPP _____ Bordatella _____

Pet Name: _____ Type of Pet? _____ Rabies _____ DHLPP _____ Bordatella _____

Reviewed by Pet Shelter Rep: _____ Date: _____