

## HILLSBOROUGH COUNTY BASIC RECOMMENDATIONS FOR SHELTERS NOT DESIGNATED AS PET EVACUATION SHELTERS

The following are general recommendations to guide emergency shelters in housing citizens' pets during a disaster.

1. Pets should arrive in an appropriate pet carrier, cage or airline kennel and should stay confined in it throughout their time at the shelter. No pet should be allowed out of the cage without a leash and identification. Dogs that arrive without a carrier should only be housed in a separate confined area if one is available.
2. Pets should be sheltered in an area of the building separate from the general human population, to avoid exposing people with allergies to animals. Ideally, rooms without windows with access to water and floor drains are best to house animals.
3. Pet supplies to be provided by the owner as applicable to their pet(s)
  - a. carriers, cages, cardboard boxes
  - b. leashes, collars, harnesses
  - c. muzzles (**Compulsory for mildly vicious dogs**)
  - d. Any medications pet may require
  - e. food and water bowls
  - f. various foods; manual can opener for canned food
  - g. sheets and blankets
  - h. flea spray
  - i. cat litter and boxes
  - j. towels
  - k. grooming supplies, toys
  - l. First aid kit
4. Proof of rabies vaccination for dogs, cats and ferrets should be provided by the owner. Other vaccinations should also be up to date. Advise owners they shelter their animals at their own risk.
5. Cats may have to be housed in the same area as the dogs but avoid it possible. Small mammals and birds should be kept away from drafty areas.
6. The animal relief area should be close by to the dog shelter location. This may be indoors or outdoors, depending on weather or other conditions. If outdoors, it is preferable that this be a secure area.
7. Owners should be responsible for cleaning, feeding and exercising their own pets. Ideally, if possible, the shelter should make available to owners paper towels, plastic trash bags, newspapers and disinfectant to perform the clean up duties.
8. It is recommended to have someone stationed at the entrance doors of the shelter to verify that citizens with pets have the items outlined above and to help pet owners fill out a registration and agreement form (see attached) and attach identifying bands to the pets or their carriers. This person should also assess if any pets appear ill, injured, have an infectious disease or are aggressive; owners of such pets should be advised to seek shelter for their pet at a veterinary hospital as such conditions would be beyond the scope of the emergency shelter to manage.

### Types of Pets that may be allowed in evacuation shelters

- Dogs • Cats • Rabbits
- Birds • Ferrets • Small mammals (i.e., guinea pigs, hamsters, gerbils, hedgehogs, etc.)

No reptile or insect pets should be allowed as many people have fears or phobias regarding these species.

Animal Services will have an *extremely limited* staff available to help with emergency issues involving pets. Call **(813)272-5900** ask for the **ESF-17 desk at the Emergency Operations Center** for emergency assistance availability information.

# Pet Owner Responsibilities

**The pet owner must remain at the shelter in order to utilize the services of the pet shelter. Any unaccompanied pets will be deemed to have been abandoned and will be removed.**

**Visitation** – The shelter manager or their designated staff shall have the authority to clear all pet owners from the pet sheltering areas before weather conditions become unsafe and instruct them to return to the human shelter. During the storm the owners will not be able to wander outside the building for safety reasons. Shelter staff will determine when it is safe for owners to walk their dogs outside.

- Visitation Hours – During designated visiting hours, owners are responsible for providing all care for their own animals.
- The Shelter's designated pet areas will be closed at the times determined by the shelter management. All animals must be in their carriers/cages or assigned locations during these times.

**Medication** – Owners shall provide their own food and medicines for their pet(s). Owners are responsible for administering all medications to pets. The owner shall make sure that any medication necessary should be given prior to the storm's arrival and as soon as it is safe after the storm.

The owner should keep a record of medications administered to their pet in case a medical emergency occurs and will keep animal's medication on their person. No medication will be kept with the animal.

**Sanitation** – It is expected of owners to be the primary caretakers of their pet's cleanliness and sanitation needs. Outdoor relief areas should be cleaned (scooped) after each use. Indoor relief areas should be changed (newspaper) at least twice daily. Although frequent visits with pets are encouraged, the Shelter Manager or their designee reserves the right to limit visitation to the pet areas. No children shall be in the pet sheltering areas. Owners must ensure their pet's area is left clean prior to leaving the shelter.

# Shelter Admission / Discharge for Animal

Owner's Full Name: \_\_\_\_\_

Owner's Full Address: \_\_\_\_\_  
\_\_\_\_\_

Owner's home telephone number: \_\_\_\_\_

Owner's cell phone number: \_\_\_\_\_

Out of area relative name and phone number: \_\_\_\_\_

**Description of Animal:**

- Dog  Cat  Other \_\_\_\_\_  
 Male  Intact  Neutered  
 Female  Intact  Spayed  In heat

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive Markings: \_\_\_\_\_

Micro Chip  Yes  No Number: \_\_\_\_\_

Primary Veterinarian \_\_\_\_\_

Address & Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**BELOW TO BE COMPLETED BY SHELTER REGISTRATION RECPTIONIST**

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

- | Yes                      | No                       | Proof of   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Written proof of current vaccinations;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID collar and up to date rabies tag; Tag # _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ID on all belongings;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Carrier or cage of sufficient size for the animal to stand, stretch and turn around;                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Leash;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ample food supply;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Water/food bowls;  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any necessary medication(s); Types: _____;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Newspapers, plastic disposable gloves and trash bags for handling waste;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cages has the owner's name and address, pet name and other pertinent information labeled clearly and securely on the cage. |

Owners' driver's license # or resident ID #: \_\_\_\_\_

Pet sheltering location: \_\_\_\_\_

Owner sheltering location: \_\_\_\_\_

\_\_\_\_\_  
Departure Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Owner's signature

## PET OWNER SHELTERING AGREEMENT

Name: \_\_\_\_\_

I, \_\_\_\_\_ the owner of \_\_\_\_\_ Breed: \_\_\_\_\_

understand that emergencies exist and that limited arrangements have been made to allow myself, family and pet to remain in the shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and I have explained them to the other family members accompanying me and my pet.

1. I must remain at the evacuation shelter in order to utilize the services of the pet shelter. I understand any unaccompanied pets will be deemed abandoned and will be reported.
2. My pet will remain contained in its approved carrier or location except at scheduled times. During scheduled relief times, my pet will be properly confined with leash, harness and muzzle (if necessary). Scheduled times will be strictly adhered to.
3. I agree to properly feed, water and care for my pet as instructed by the Shelter Manager or their designee.
4. I agree to properly sanitize the area used by my pet, including proper waste disposal and disinfecting.
5. I certify that my pet is current on rabies and all other vaccinations recommended.
6. I will not permit other shelter occupants to handle or approach my pet either while it is in its assigned space or carrier or during exercise time. My pet and I will maintain a safe distance from any other animal that may be present.
7. I will maintain proper identification on my pet and its carrier at all times.
8. I permit my pet to be examined by shelter personnel as needed.
9. I acknowledge that my failure to follow these rules may result in the removal of my pet from the shelter. I further understand that if my pet becomes unruly, aggressive, show signs of contagious disease, is infested with parasites or begins to show signs of stress-related conditions, my pet may be removed to a remote location. I understand that any decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of Shelter Manager or their designee, whose decisions are final.
10. 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.

I hereby agree to release and hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). 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 animal(s).

\_\_\_\_\_  
Pet owners signature

\_\_\_\_\_  
Pet owners printed name

\_\_\_\_\_  
Date

# ANIMAL BITE REPORT

Information provided under F.S.S. 119: Public Records

Hillsborough County (813)744-5660  
Department of Animal Services (Mailing Address)  
440 Falkenburg Road, Tampa, Florida 33619

DATE OF REPORT: \_\_\_\_\_

ACTIVITY #: \_\_\_\_\_

BITE # \_\_\_\_\_

VICTIM INFORMATION. VICTIM PERSON #: \_\_\_\_\_

Date of Bite/Exposure: \_\_\_\_\_ Time of Bite \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Type of Victim: Human \_\_\_\_\_ Animal \_\_\_\_\_ Did Victim Provoke Bite? Y  or N

Location of Bite on Victim: \_\_\_\_\_

## MEDICAL INFORMATION:

What treatment was given?: \_\_\_\_\_ Where was Victim treated: \_\_\_\_\_

Did bite result in: Minor Punctures: Y  or N  Scratches: Y  or N  Lacerations (cuts): Y  or N

Broken Bones: Y or N Multiple bites: Y  or N  Stitches: Y  or N  How many stitches: \_\_\_\_\_

ANIMAL OWNER INFORMATION: OWNER'S PERSON # \_\_\_\_\_

Name of owner: (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address:(H) \_\_\_\_\_ (W) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

BITE ANIMAL DESCRIPTION: ANIMAL ID #: \_\_\_\_\_

M. \_\_\_\_\_ F. \_\_\_\_\_ Unable to sex: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Pup: \_\_\_\_\_ Kitten: \_\_\_\_\_ Other: \_\_\_\_\_

Color: \_\_\_\_\_ Size: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Rabies Tag \_\_\_\_\_ Yr \_\_\_\_\_

## QUARANTINE INFORMATION

Owner's Property: \_\_\_\_\_ HCAS: \_\_\_\_\_ At Large: \_\_\_\_\_ Location Unknown: \_\_\_\_\_ Citation Issued: # \_\_\_\_\_

At Veterinary Clinic: Name: \_\_\_\_\_ Animal Quarantined Y  or N

Health Department Phone # given (813) 272-6320: Y  or N

## INCIDENT INFORMATION

Describe how bite occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## PERSON SUBMITTING REPORT

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CHAART\***  
**ESF – 17: ANIMAL PROTECTION**

**Before allowing your pets outdoors**

- Thoroughly check the area to determine that it is safe.
- Make sure enclosures are sound.
- **Keep your pets leashed and make certain they're wearing their rabies registration tags when outdoors.**
  - Damage in the area may confuse your pet.
  - Watch for and avoid displaced wildlife and strays.
  - Normally safe waterways may be contaminated as may be any standing water.

**Report all sick, injured or bite animal incidents to:**

Hillsborough County Animal Services  
440 Falkenburg Road, Tampa, FL 33619  
(813)744-5660

**To report a sick, injured, or bite animal after normal dispatching hours (between 5:00 p.m. and 8:00 a.m. Monday through Friday, weekends, and County holidays), call the department's emergency answering service at: (813)654-6006.**

\*Community of Hillsborough Animal and Agricultural Response Team   CHAART.org

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**Hillsborough County**  
**ESF-17: Animal Protection**  
**ANIMAL RESCUE REQUEST FORM**

THIS FORM TO BE DISTRIBUTED TO LAW ENFORCEMENT, UTILITY CREWS, MILITARY AND OTHER WORKERS IN THE DISASTER AREA, AS WELL AS PET OWNERS EVACUATED FROM THE AREA. IT SHOULD ALSO BE USED TO RECORD INFORMATION FROM OWNERS CALLING IN A RESCUE REQUEST. PLEASE FILE A SEPARATE REQUEST FOR EACH ANIMAL. THE FORM SHOULD BE COMPLETED FOR ALL ANIMALS SIGHTED, EVEN IF DECEASED.

LOCATION OF ANIMAL OR SIGHTING \_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM or PM

DESCRIPTION OF ANIMAL: DOG  CAT  OTHER  \_\_\_\_\_

MALE  FEMALE  ALTERED

BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE \_\_\_\_\_

DISTINCTIVE MARKINGS (*note injuries or special conditions*) \_\_\_\_\_

NAME OF REQUESTING PARTY \_\_\_\_\_

AGENCY or OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: WORK (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ OTHER (\_\_\_\_) \_\_\_\_\_

TEMP ADDRESS (If Other Than Permanent) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF OWNER, IS KEY AVAILABLE? yes  no  LOCATION OF KEY \_\_\_\_\_  
\_\_\_\_\_

IF NO, IS KEYLESS ENTRY AUTHORIZED? yes  no

SIGNATURE OF OWNER \_\_\_\_\_

NAME OF PERSON COMPLETING FORM (Please Print) \_\_\_\_\_

FORM COMPLETED ON: DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM / PM



**Hillsborough County  
ESF-17: Animal Protection  
ANIMAL RESCUE REQUEST FORM**

**\*\*RESCUE TEAM USE ONLY\*\***

REQUEST RECEIVED: DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM or PM

ACTION TAKEN:

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY MEDICAL TREATMENT PROVIDED TO ANIMAL: \_\_\_\_\_

\_\_\_\_\_

TREATMENT GIVEN BY Rescue Team  Veterinarian  NAME \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

ANIMAL TAKEN TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

**This Report Must Accompany the Animal.**

**The Animal / Carrier should be Identified with the Location of Rescue and the Log Number.**

LOG # \_\_\_\_\_



<b>Non-Pet Friendly Evacuation Shelter Supplies</b>	<b>Est. Cost - New</b>
Leashes (box of 25)	<b>\$16.00</b>
Muzzles various sizes (set of 7)	<b>\$34.00</b>
Pet Carrier/crate medium* (10 @ \$75.00)	<b>\$750.00</b>
Pet Carrier/crate large* (4 @ \$90.00)	<b>\$360.00</b>
Paper towels (6)	<b>\$10</b>
Plastic trash bags (40)	<b>\$10</b>
Newspapers	<b>\$ 0</b>
Disinfectant - Household Bleach (6)	<b>\$ 9</b>
Flea spray (1) or flea preventatives	<b>\$12.00</b>
Plastic sheeting	<b>\$10.00</b>
Disposable pooper bags (or newspaper bags)	<b>\$10.00</b>
Aerosol deodorant spray (1)	<b>\$2.50</b>
N95 surgical respirator masks (Box of 10 Respirators)	<b>\$19.95</b>
<b>Totals</b>	<b>\$1,243.45</b>

**\* If cost is a limiting factor, shelter managers may want to consider soliciting donations of pet carriers. For some of the smaller animals cardboard boxes or cardboard pet carriers may be an adequate substitution.**