

Co-Located Animal Shelter Manual Small Scale Version

INTRODUCTION

There are numerous challenges in developing animal shelters which can only be solved by creative ideas and innovative programs. This plan has been developed for the operation of co-located cat and dog friendly shelters. It is an adaptation created through investigating industry standards for animal shelters, other state's pet shelter programs, as well as ongoing experience.

The complete animal shelter manual can be obtained by contacting CTSART Region 5 at www.CTSART.org.

CONCEPT OF OPERATIONS

Owners of animals, when notified of an upcoming emergency, will take reasonable steps to provide for their animals – either by sheltering them in place or by relocating or evacuating them. This is the animal owner's responsibility.

Towns may request assistance through a Department of Emergency Services and Public Protection (DESPP) Regional Coordinator, the Governor and/or the DESPP Commissioner. These authorities can authorize deployment of the Connecticut State Animal Response Team (CTSART) to support the area in establishing and operating a congregate household pet facility when local resources are limited or overwhelmed.

This purpose of this manual is to provide the basic information for a town to establish a small (10 or less animals) co-located Animal Shelter with or without the assistance of CTSART.

This is a scaled down, simplified animal shelter plan for fewer than ten animals.

Who is in charge of the co-located animal shelter?

Shelters should be operated following the National Incident Management System Incident Command System (NIMS ICS) design.

The co-located animal shelter should be under the supervision of a town employee such as the town Animal Control Officer (ACO) or a town employee trained to manage an animal shelter. For the purpose of this manual that person other than the ACO will be called the town Animal Care Coordinator (ACC).

Experience has proven that a paid town employee must be directly involved with the establishment and operation of the co-located animal shelter. Trained volunteers may be utilized as available.

It is likely that only one or two individuals will be running a small scale co-located shelter at any one time. Logs of volunteer names, staff hours, supplies used, and incidents will need to be kept. The staff will run the shelter according to the NIMS design but recognize they will be holding multiple positions.

Responsibilities of the Co-Located Animal Shelter Manager: ACO or ACC

1. Coordinate the lay-out and set up of cages and appropriate areas of the animal shelter.
2. Request and commandeer appropriate supplies through CTSART or town resources.
3. Manage shelter workers or volunteers, ensuring that animals are handled by the owner or designated person.
4. Register evacuees and their animals using appropriate forms.
5. Assure the safety/security of all shelter operations and the safety of the staff.
6. Document animal injuries and report human injuries to the correct authorities.
7. Issue Failure to Comply reprimands for pet owners who neglect to care for their animal.

SHELTER OPENING OVERVIEW

The decision to open a co-located animal shelter is made at the town, regional or state level. The town will operate the shelter using their ACO or ACC. Town volunteers from CTSART can be activated if requested.

1. The location of the animal shelter will be based on need, capacity and proximity to the human shelter. Most shelter locations should be pre-determined and reviewed by local authorities. The co-located shelter must be in close proximity to the human shelter to enable evacuees to care for their own pets.
2. The call for volunteers will be completed by the town or with the assistance of CTSART. Volunteers will be told where to report and sign in by the shelter manager, ACO or ACC. Volunteers will be assigned duties upon arrival to the shelter.

3. Supplies can be requisitioned from CTSART or from existing town resources.
4. Animal shelter opening and closing times should coordinate with human shelter times.

ANIMAL SHELTER SET-UP

The design of the shelter will be based on size and availability of utilities. The constraints of the facility and the magnitude of the disaster will determine the number of animals housed in the shelter.

The Building should meet the pre-facility inspection criteria.

1. Water and power.
2. Adequate lighting.
3. Ingress and egress through all doors.
4. Readily available fire extinguishers.
5. Functionality of restrooms.
6. Proximity to the human shelter.

Key Areas in the Shelter

Registration area

1. Located near a strategic entry point for segregation of human and pet shelter.
2. Convenient to shelter entrance, open enough to allow space between animals.
3. Equipped with all intake supplies including leashes & portable crates.

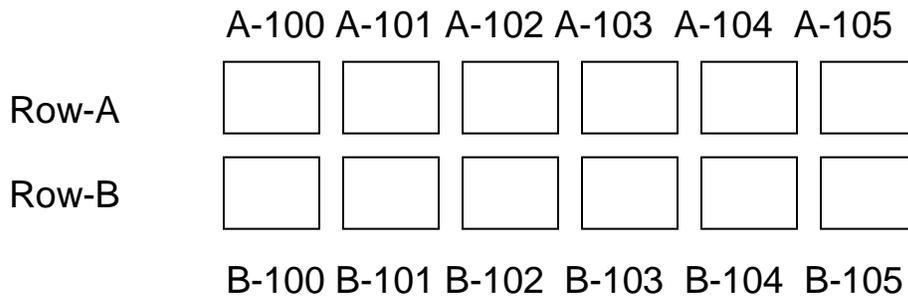
Triage (if staff available)

1. Located near registration.
2. Convenient for evaluation of pets in order to segregate ill animals.

Dog shelter area

1. Close proximity to human shelter.
2. Close proximity to animal exercise area.

3. Consider separating aggressive or loud dogs.
4. Make sure all supplies are in place:
 Place water bowls or buckets on top of cage (until pet in cage)
 Clipboard & page protectors on top of cage w/ zip tie.
5. Tape or Card on front of cage for Cage Number.
6. The collapsible wire cages should be arranged in single rows or back to back with solid dividers for separation. Wire cage boxes work well as dividers. Try not to stack dog cages.



Each row is designated with a letter.
 Each crate is designated with a number.

As animals are placed in the crates, their location is entered onto the forms and ID bands.

Dog Exercise Area

1. Located with easy access from the dog shelter.
2. Enclosure is ideal.
3. Should be away from where the general public congregates.
4. Equipped with dog clean up bags and refuse containers.
5. All animals must be leashed and controlled.

Cat Area

1. The cat shelter should be in a somewhat isolated, quiet low traffic location with secure doors. Try to keep cat area separate from dogs.

Exotic Area Location and Design

1. Exotic shelter should be in an isolated, quiet low traffic location with secure doors.
2. Most species will be housed in their own cages. These may be placed within the shelter cages for extra security.
3. Minimize drafts and temperature fluctuations.
4. Separate individual species within the room.

How to Admit a Pet

Animal Shelter Registration

1. All forms and ID bands for admission of animals to the shelters should be completed. The forms include:
 - Admit/Discharge form
 - Daily Care Sheet
 - Proof of Rabies
 - Shelter Agreement
 - Pet & Owner ID Bands -
 - Pet collar band, Owner wrist band
 - Photo (if available)
2. Request proof of rabies vaccination and owner photo ID.
3. File all forms after owner places pet in cage.

How to Complete Registration Forms

1. Admit/Discharge Form
 - Ask for proof of legal identification.
 - Ask for proof of pet vaccination/rabies
 - Put Cage Location on top right of form.
 - This form goes back to registration.
2. Daily Care Sheet
 - Put Cage Location Number on top right of form.
 - This form stays on cage.
3. Shelter Agreement Form
 - Owner last name on top left of form
 - Shelter Agreement must be read to the owner.

- Explain to the owner that no one will touch their pet unless it is ill. Owner must provide care.
 - Any animal not receiving proper care will be removed by animal control.
 - If owner is unable to care for pet notify head of operations to arrange for short term care.
 - Cats will not be allowed out of cages.
 - Explain that owners are responsible for pet's actions.
 - Put Cage Location Number on top right of form.
 - Give a copy of this form to owner.
4. Rabies Form (if needed)
 - Ask for Proof of Rabies Vaccination
 - Needs to be completed if owner cannot provide proof of current rabies vaccination.
 - Put Cage Location Number on top right of form.
 - This form stays on top of cage.
 5. Medical Form (if needed)
 - Put Cage Location Number on top right of form.
 - This form stays on top of cage.
 6. Pet ID Collar & Owner ID Wrist Band
 - Put pet name and Cage Location Number on both bands. Use Permanent marker.
 7. Found or Rescued pets unaccompanied by owners should not be taken in at this shelter. Call ACO.

Escort Owner & Pet To Cage

Owner & Pet name should be on top of all forms

Record the Cage Number on the **top right** of:

1. The Admission/Discharge sheet (owner, pet name & Cage # on top).
2. The Daily Animal Care sheet (stays on cage).
3. Shelter Agreement form.
4. Rabies Status form (if needed) (stays on cage).
5. Medication List form (if needed) (stays on cage).
6. Owner and Pet ID bands.

Affix ID Band to owner. Owner puts ID band on pets.
Owner places pet in cage.

- Provide owner with copy of Admit/Discharge form, Shelter Agreement and Shelter Rules.
- Return Admit/Discharge and Shelter Agreement forms to registration desk. File forms in Admission Binder.

Registration Binder

Keep forms organized.

1. **Registered Animals**, Owned animals, Admit/Discharge
2. **Released Animals**, Owned Animals, Admit/Discharge forms are transferred here upon release of the pet to the owner.
3. **Transferred Animals**, Animals transferred to another location, including veterinary hospitals, canine control or another shelter.

Animal Shelter Triage

Owners should be questioned as to the health needs and concerns of their pets. Sick animals should be at a veterinary facility.

Medical Concerns -

- Most shelters reserve the right to refuse admission to animals which appear too ill for the staff's capabilities.
- Most shelters request the owner to transport the animal to a veterinary clinic for boarding. If necessary the animal may be held in an isolation area until it is able to be transported to an appropriate care facility.
- Proof of Rabies vaccine is a requirement for dog and cat admittance to the shelter. Unvaccinated animals will be duly noted.
- A list of animals on medication, (type and frequency) should be kept. Also note any illnesses, chronic diseases, deformities or conditions that shelter personnel should be aware of.

Behavioral Concerns

- The shelter is designed to house family pets and cannot

accommodate dangerous animals.

- Fractious animals which cannot be safely included in the general shelter should be segregated at the judgment of the shelter manager or sent to an animal control facility. Any conflicts should be reported to the shelter manager.
- Rabies Vaccination Unverified. Animals without proof of current rabies vaccination should be handled with caution and by owners only or by staff with rabies prophylaxis vaccination.

Animal Intake Summary

1. Safety: All animals must be on leashes or in a cage.
Provide owners with leashes or cages for animal security.
Prevent contact between unrelated animals and species.
Ask for proof of Rabies Vaccination
2. Complete Paperwork
 - a) Admit/Discharge Form
 - b) Daily Care Sheet
 - c) Shelter Agreement
 - d) Rabies Status Form
 - e) Medication forms, Special forms
3. ID Bands - Use black permanent marker
Pet name, owner name, cage location.
4. Walk through for wellness evaluation.
Keep a master list of dogs on medication or with notable chronic diseases, conditions or medical issues
Isolated sick pets or denied entry to the shelter.
Behavioral issues will be assessed.
5. Escort owner with pet to cage with all paperwork.

SHELTER DAILY OPERATIONS

Owners are required to wear their ID wrist band to enter and take their pet(s) out of shelter areas. They will be required to sign in to take their pet out of the section. Shelter workers should verify that the person has signed the daily log.

Feeding and watering will be done by the owner by 10:30AM and by 6:00PM.

Walking/Exercise

The dogs will be walked at least 2 times each day for a minimum of 20 minutes. The shelter will have designated walking areas. Plastic bags will be available for each walker to pick up feces and put in a trash receptacle.

In the event of insufficient animal care, the shelter personnel will care for the dog and report the lack of care to the shelter operation personal and write it in the medical notes section of the A/D sheet. The shelter manager will be responsible for contacting the owner. All attempts to contact the owner will be noted in the medical notes section of the A/D sheet. If owner neglect continues for 48 consecutive hours the pet will be removed from the shelter and placed with the local animal control.

Animal Bite Protocol

Animal Bites must be reported immediately to the acting Shelter Manager, ACO or ACC.

The injured person should be directed to the first aid facility within the shelter or the local hospital. Call 911 if appropriate.

Determine if the person bitten has had the rabies pre-exposure vaccination series.

Note if the animal involved has proof of current rabies vaccination.

Identify any person who observed the bite.

Note any special circumstances associated with the bite.

The personal identification of the human bitten must be recorded in the injury report and in the pet's paperwork.

The cage or crate of the animal must be labeled: "This animal has been involved in a bite". The date and time of the bite should be recorded.

The vaccination status of the animal should be highlighted. If there is no vaccine history the animal should **not** be vaccinated until after the 14 day observation period. Any illness noted in the animal during the 14 days must be reported to the state veterinarian.

The cage and animal should be placed in an isolated area in the shelter. Owners will be required to keep the pet isolated and walk them in secure areas.

The animal must remain under observation for **14 full days** (as determined by animal control). Other options, such as euthanasia or release to owner will be determined by animal control and/or the state veterinarian.

The outcome of any unattended animal bites will be subject to review by animal control and the state veterinarian.

Unattended, unvaccinated animals should be handled by experienced animal control officers that have had the rabies pre-exposure series. Minimal handling and proper attire, including gloves and protective clothing should be worn when handling these animals.

All protocols and policies stated here are subject to change according to individual state and town regulations.

Shelter Worker Daily Responsibilities

Shelter workers will walk through 10:30AM and 6:30PM and note on animal care sheet if pet has not received their daily care. The Shelter Manager will be notified. The animal will be cared for and the animal care sheet will be signed in red by the Shelter Manager. A Failure to Comply notice will be placed in the plastic envelope on the cage. A notation will be entered on the back of the admission /discharge sheet for that owner and pet, including date, time and description of which rule was not followed.

Shelter workers are responsible for monitoring cleanliness. They should ensure that empty trash cans with plastic liners are continually available.

Shelter Discharge Procedure

1. Only the family-designated animal caregiver may sign out pet. They must present photo ID and have the color coded wrist band.
2. Retrieve Daily Animal care sheet from cage (to be filed with other shelter forms).
3. Ensure owner has cleaned out cage and removed personal items from cage.
4. Owner signs out the pet on the admission/discharge sheet.
5. Keep forms together.

Shelter Breakdown and Clean Up

1. Cages are taken to an appropriate cleaning area, sprayed with disinfectant or soaked in dilute bleach. They are then rinsed and dried
2. Cages are collapsed down and replaced in boxes.
3. The shelter floors are swept and mopped.
4. All refuse removed.
5. Inventory is taken. All used supplies are recorded. All remaining supplies are returned to appropriate places.
6. Equipment is returned to the CTSART trailer or to its proper location.
7. Complete the premises post-event walk through and sign off on the condition of the facility.

Cleaning at the Shelter

All surfaces should be sanitized with a solution suitable for antibacterial/antiviral situations.

1. Kennol-Sol diluted according to label instructions should be used in all cages and animal containment surfaces.
2. Clorox clean-up wipes or other appropriate hand sanitizer should be used by all volunteers after handling animals and after cleaning cages or animal surfaces.
3. Trash cans should be available to handle animal waste with minimum 3ml liners.
4. Disposable cleaning cloths (or high grade paper towels) for cleaning.

Cleaning & Sanitizing Crates, Bowls & All Animal Supplies

1. All crates and bowls must be cleaned and sanitized between animals and at the time of shelter closing.
2. Cleaning: After removing solid materials and liquids, crate bottoms, bowls, utensils and all washable animal supplies are cleaned using dish soap, brushes and water. Crate bottoms should be scrubbed with soapy water and rinsed.
3. Sides of crates are rinsed, scrubbed with brushes and wiped down with kennel sol solution and rinsed with clean water
4. Sanitizing: All organic material including urine and feces must be removed prior to using bleach. The surface should be cleaned with dish detergent and water.
5. To sanitize each crate bottom and bowl should be soaked in 10% bleach for 10 minutes, then rinsed and dried.

Bleach Dilutions:

10% solutions: A 10% solution will kill fungal, viral and bacterial contaminants.

1 part bleach 9 parts water; For 1 quart: add 30 oz water (29 oz) to 3oz bleach; For 1 gallon: add 14 ½ (116oz) cups water (12oz) to 1½ cups Bleach

3% solutions: 1:32 solutions

For 1 quart: add 31 oz water to 1 oz bleach;

For 1 gal: add 15½ cups (124 oz) water to ½ cup (4oz) bleach

Master List of Forms for Shelter Operation

Volunteer Forms

Emergency Pet Shelter Staff Sign In & Out Sheets
Emergency Deployment Supply List
Volunteer Emergency Information Form
Pet Shelter Supply List

Animal Shelter Admission Forms

Animal Admission/Discharge Form
Shelter Agreement Form
Daily Animal Care Sheet
Rabies Vaccination Needed Form
Failure to Comply Form
Animal Medical Form
Animal Bite Protocol

Veterinary Forms

Release Of Animal To Veterinary Care Form
Animal Medical Problems Form
Bite Record
Master Animal Medical Concerns List

Emergency Deployment Supply List (Go Bag)

- ___ Blue Jeans (2-3)
- ___ Sweatshirt
- ___ Coat
- ___ Heavy Socks
- ___ Belt
- ___ Sunglasses
- ___ Watch
- ___ Sleeping Bag
- ___ Air Mattress
- ___ Solar Blanket
- ___ Pillow
- ___ Whistle
- ___ Flashlight
- ___ Chapstick
- ___ Pens & Highlighter
- ___ Paper
- ___ Food & Water for 3 days (if advised)
- ___ Can Opener
- ___ Solar-Power Radio
- ___ Batteries
- ___ Water Purification Tablets
- ___ Bug Spray
- ___ Sunscreen
- ___ Personal Meds
- ___ Baby Wipes
- ___ Hand Sanitizer
- ___ Deodorant
- ___ Towel & Washcloth
- ___ First Aid Kit
- ___ Camera
- ___ Hairbrush
- ___ Toothpaste & Brush
- ___ Out of State Contact Card
- ___ Survival Guide
- ___ Phone
- ___ CERT Bag
- ___ T- Shirts (2-3)
- ___ Outerwear
- ___ Undergarments
- ___ Sleepwear
- ___ Bandana
- ___ Heavy-duty Gloves
- ___ Leatherman
- ___ Raincoat

Volunteer Registration/Emergency Information

Last Name

First Name

Deployment Event

Location

Volunteer Information		
Last Name	First Name	
House Number & Street	City	State & Zip
Home Phone	Cell Phone	E Mail Address
Emergency Contact Information		
Name	Relationship	
Primary Phone Contact (H) (W) (C) ()	Alternate Phone (H) (W) (C) ()	
Name	Relationship	
Primary Phone Contact (H) (W) (C) ()	Alternate Phone (H) (W) (C) ()	
Do you have any medical issues that we should be aware of in the event of an emergency? Yes () No () If yes, please explain:		
Are you on any medication that we should be aware of in the event of an emergency? Yes () No () If yes please list:		
Have you had the rabies pre-exposure series? Yes () No () If yes please state when or when your titer was last checked:		

Signature

Date

Basic Shelter Supply List

Registration

- Binder
- Chairs
- Clipboards
- Duct Tape
- First Aid Kit
- Flash light
- Forms
- Garbage bags
- Hand Sanitizer
- Identia-Bands
- Leashes
- Plastic Page Protectors
- Pens
- Poop bags
- Radios
- Scissors
- Sharpie Pens
- Table
- Tape blue masking
- Tape scotch
- Zip Lock Bags (L)
- Zip Ties

Canine Shelter Supply

- Clipboards
- Collapsible Cages
- Crates
- Food bowls, disposable
- Gloves
- ID Bands
- Leashes
- Sheet Protectors
- Tape Blue Masking
- Tape Duct
- Tape Caution
- Tape Electrical
- Tarps
- Water bowls large & small
- Water buckets
- Zip Ties
- Zip Lock bags

Cat Shelter Supply List

- Clipboards
- Crates
- Cable Ties
- Collapsible Cages
- Food bowls, disposable
- Gloves, canvas
- ID Bands
- Leashes
- Litter boxes
- Pens
- Pens, Sharpies
- Sheet Protectors
- Tape, Blue masking
- Tape, caution
- Tape, duct
- Tape, electrical
- Tarps
- Zip Lock Bags
- Zip Ties
- Water bowls
- Water buckets

Canine, Feline & Exotic Shelter Sanitation Items

- Bleach
- Bleach bucket
- Broom
- Disinfectant/Kennel Sol
- Dust pan
- Garbage bags
- Garbage cans
- Gloves, disposable
- Hand soap
- Hand sanitizer
- Litter
- Paper towels
- Pooper scoopers
- Poop bags
- Spray bottles

ADMISSION/DISCHARGE

Owner Information:

Date:

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Pager:	
E-mail Address:		
Place of Employment:		
Driver's License #:	Social Security #:	
How can you be contacted while your pets are here?		
Please list anyone authorized to care for your pets while they are here at the SART shelter. (*No one under 18 years is allowed in the animal living quarters.)		
Name:	Relation to Owner:	
Name:	Relation to Owner:	

Pet Information: (Completed by Shelter Worker)

	Pet 1	Pet 2	Pet 3
Unique Animal ID #			
Shelter Location			
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed/Neutered			
Medication?			
Special Diet?			
Allergies/illnesses			
Identifying marks, tattoos			
Micro-chipped?			
Rabies Vaccine			
DHLPP Vaccine			
Kennel Cough Vaccine			
FVRCP Vaccine			
Current Veterinarian:			Phone:
How did you become aware of this shelter?			
Do you have your own transportation Yes <input type="checkbox"/> No <input type="checkbox"/>			

I understand that I am totally responsible for the care of my pets while I am using the facilities. I agree to hold harmless all persons and/or this facility for assistance in housing my pets, or should they become lost, injured, or ill while utilizing these services. I also agree to follow the pet area rules while I am here. Any abandoned animals will be taken to the nearest local animal shelter.

I have read and understand this agreement and certify that I am the owner/agent of the above listed animal(s). I understand that if I fail to feed walk, clean care for my pet and sign the animal care sheet twice daily my pet will be considered abandoned and be removed from the shelter.

Admission Date

Owner/Agent for pet(s)

LSART/ASAR Form #E

Discharge Date

Owner/Agent for pet(s)

ADMISSION/DISCHARGE

Owner Information:

Date:

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Pager:	
E-mail Address:		
Place of Employment:		
Driver's License #:	Social Security #:	
How can you be contacted while your pets are here?		
Please list anyone authorized to care for your pets while they are here at the SART shelter. (*No one under 18 years is allowed in the animal living quarters.)		
Name:	Relation to Owner:	
Name:	Relation to Owner:	

Pet Information: (Completed by Shelter Worker)

	Pet 1	Pet 2	Pet 3
Unique Animal ID #			
Shelter Location			
Name			
Breed			
Date of Birth			
Color			
Sex			
Spayed/Neutered			
Medication?			
Special Diet?			
Allergies/illnesses			
Identifying marks, tattoos			
Micro-chipped?			
Rabies Vaccine			
DHLPP Vaccine			
Kennel Cough Vaccine			
FVRCP Vaccine			
Current Veterinarian:	Phone:		
How did you become aware of this shelter?			
Do you have your own transportation Yes <input type="checkbox"/> No <input type="checkbox"/>			

I understand that I am totally responsible for the care of my pets while I am using the facilities. I agree to hold harmless all persons and/or this facility for assistance in housing my pets, or should they become lost, injured, or ill while utilizing these services. I also agree to follow the pet area rules while I am here. Any abandoned animals will be taken to the nearest local animal shelter. I have read and understand this agreement and certify that I am the owner/agent of the above listed animal(s). I understand that if I fail to feed walk, clean care for my pet and sign the animal care sheet twice daily my pet will be considered abandoned and be removed from the shelter.

Admission Date _____

Owner/Agent for pet(s) _____

LSART/ASAR Form #3

SHELTER AGREEMENT

I, _____, the owner of _____, 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 have explained them to any other family member accompanying me and my pet.

1. My pet will remain contained in its approved carrier except at scheduled times. During scheduled relief time, my pet will be properly controlled with a leash, harness, and muzzle (if necessary). Scheduled times will be strictly followed.
2. I agree to properly feed, water, clean, and exercise my pet and sign the pet care sheet twice per day, before 10:30 a.m. and 6:00 p.m. I understand that failure to comply with this rule may result in removal of my pet from the shelter.
3. I agree to properly sanitize the area used by my pet, including proper disposal and disinfecting.
4. I certify that my pet is current on rabies vaccinations. Rabies vaccination is required of all pets in the shelter. I understand that if I cannot provide proof of rabies vaccination, a rabies vaccination will be administered to my pet at a cost of \$10.00. I understand that Canine Distemper, Parvovirus, and Bordetella, and Feline Rhinotracheitis are recommended vaccines and may be available for a fee.
5. There are designated "living areas" for residents and designated "living areas" for cats and dogs. Residents may NOT bring their cat or dog to the "residents living areas". Only one person per household will be allowed to enter the cat or dog living quarters. No one under 18 years of age will be permitted in the animal living quarters. I will not permit other shelter occupants to handle or approach my pet either while it is in its carrier or during exercise time. I agree not to handle or approach other shelter occupants' pets.
6. I will maintain proper identification on my pet and its carrier at all times and I will carry proper identification for myself (picture id) to be allowed into the shelter to care for my pet.
7. I acknowledge that my failure to follow these rules may result in the removal of my pet. I further understand that if my pet becomes unruly, aggressive, shows signs of contagious disease, is infested with parasites, or begins to show signs of stress-related conditions, my pet may be removed to an isolated 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 the Shelter Manager whose decisions are final.
8. 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.
9. I understand that any pet found abandoned or without owner within the shelter, will result in the animal being relocated to the nearest animal control facility with final disposition left to the discretion of the animal control facility.

AN ANIMAL IS CONSIDERED ABANDONED WHEN THE OWNER HAS FAILED TO TAKE CARE OF AND SIGN THE ANIMAL CARE SHEET FOR 48 HOURS. IF the owner fails to care for the animal for 48 hours, that animal will be removed from the shelter and sent to the nearest animal control facility.

I hereby agree to 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 Owner's Signature

Pet Owner's Printed Name

Date

SHELTER AGREEMENT

I, _____, the owner of _____, 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 have explained them to any other family member accompanying me and my pet.

1. My pet will remain contained in its approved carrier except at scheduled times. During scheduled relief time, my pet will be properly controlled with a leash, harness, and muzzle (if necessary). Scheduled times will be strictly followed.
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3. I agree to properly sanitize the area used by my pet, including proper disposal and disinfecting.
4. I certify that my pet is current on rabies vaccinations. Rabies vaccination is required of all pets in the shelter. I understand that if I cannot provide proof of rabies vaccination, a rabies vaccination will be administered to my pet at a cost of \$10.00. I understand that Canine Distemper, Parvovirus, and Bordetella, and Feline Rhinotracheitis are recommended vaccines and may be available for a fee.
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6. I will maintain proper identification on my pet and its carrier at all times and I will carry proper identification for myself (picture id) to be allowed into the shelter to care for my pet.
7. I acknowledge that my failure to follow these rules may result in the removal of my pet. I further understand that if my pet becomes unruly, aggressive, shows signs of contagious disease, is infested with parasites, or begins to show signs of stress-related conditions, my pet may be removed to an isolated 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 the Shelter Manager whose decisions are final.
8. 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.
9. I understand that any pet found abandoned or without owner within the shelter, will result in the animal being relocated to the nearest animal control facility with final disposition left to the discretion of the animal control facility.

AN ANIMAL IS CONSIDERED ABANDONED WHEN THE OWNER HAS FAILED TO TAKE CARE OF AND SIGN THE ANIMAL CARE SHEET FOR 48 HOURS. If the owner fails to care for the animal for 48 hours, that animal will be removed from the shelter and sent to the nearest animal control facility.

I hereby agree to 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 Owner's Signature

Pet Owner's Printed Name

Date

RABIES VACCINATION NEEDED FORM

RABIES VACCINATION NEEDED

Owner Name:		Cage Number:	
Home Address:		Home Phone:	
City, State, ZIP:		Cell Phone:	
Pet's Name:		Species: Canine <input type="checkbox"/> Feline <input type="checkbox"/>	Shelter ID Number:
Age:	Sex: F/Intact F/S M/Intact M/N	Wt.:	Color: Breed:

Owner Signature

Date

Vaccination Record:

Date Given:	Tag Number:
Vaccine Lot Number:	Injection Location:
Given by:	Fee Paid:

LSART/ASAR Form #5

FAILURE TO COMPLY NOTICE

You, the pet owner, are receiving this notice because of a break in our agreement by you to provide the care required to your pet. The checked box below details the reason for this notice and written below is the corrective action taken by the Head of Operations and Shelter Manager.

1. Your pet was not cared for by the designated family member for at least 3 days.
2. Your pet's medical condition was not reported.
3. Other rule (please describe: _____)

Corrective Action:

Approved by: _____

Title _____

Shelter Worker's Signature and date:

Owner's Signature and date:

LSART/ASAR Form#7

Sheltering Animal Bite Protocol

Animal Bites must be reported immediately to the acting Shelter Manager, the Safety Officer and the Animal Control Officer.

The injured person should be directed to the first aid facility within the shelter or the local hospital. Call 911 if appropriate.

Determine if the person bitten has had the rabies pre-exposure vaccination series.

Note if the animal involved has proof of current rabies vaccination.

Identify any person who observed the bite.

Note any special circumstances associated with the bite.

The personal identification of the human bitten must be recorded in the injury report and in the pet's paperwork.

The cage or crate of the animal must be labeled:

"This animal has been involved in a bite".

The date and time of the bite should be recorded.

The vaccination status of the animal should be highlighted. If there is no vaccine history the animal should **not** be vaccinated until after the 14 day observation period. Any illness noted in the animal during the 14 days must be reported to the state veterinarian.

The cage and animal should be placed in an isolated area in the shelter. Owners will be required to keep the pet isolated and walk them in secure areas.

The animal must remain under observation for **14 full days** (as determined by animal control). Other options, such as euthanasia or release to owner will be determined by animal control and/or the state veterinarian.

The outcome of any unattended animal bites will be subject to review by animal control and the state veterinarian.

Unattended, unvaccinated animals should be handled by experienced animal control officers that have had the rabies pre-exposure series. Minimal handling and proper attire, including gloves and protective clothing should be worn when handling these animals.

All protocols and policies stated here are subject to change according to individual state and town regulations

ANIMAL SHELTER MASTER REGISTRATION LIST

#	Date	Shelter Pet ID Number	Cage Location Number	Initial
1				
2				
3				
4				
5				
6				
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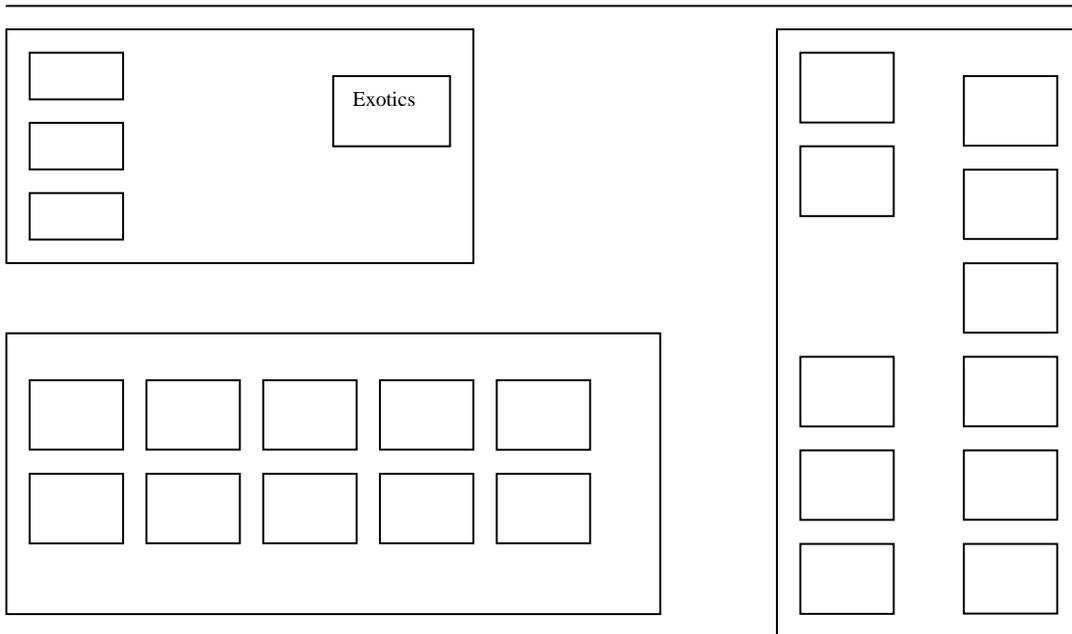
CTSART Shelter Map

Each animal evacuation shelter will need a line drawing depicting locations of cages and corresponding cage numbers within the shelter.

The map should be large enough to be able to mark Pet ID Numbers within or near the representative boxes.

This map should be placed in view of CTSART staff to reference animal locations

Example:





Animal Shelter Rules

Shelter Hours: 6:00am-8:00pm

No Visitors Before or After These Hours

Owners are responsible for feeding, watering, walking and cleaning up after their pets

All sheltered animals must be fed, cleaned, watered and walked (dogs) at least twice daily:

First feed, water, clean and walk by 10:30am

Last feed, water, clean and walk by 7:00pm

No pet, including cats, shall at any time be out of its cage without a leash

You must present proper ID (matching wrist band) to enter the shelter

You must be 18 years or older to care for a pet

Children under 18 must be accompanied by an adult.

Shelter Access for Authorized Personnel Only

Review your Shelter Agreement For Details

SHELTER SITUATION REPORT

Date: _____ Shelter Name & Location: _____

Submitted By: _____
(Shelter Manager)

Prepared by: _____
(Planning Officer)

24 hour operational period from _____ to _____

Current Situation:

1. Shelter has been activated since: _____
2. Our contact phone number: _____
3. The Command Post is located: _____
(directional relation to the shelter entrance)
4. A volunteer check-in post is located: _____

(directional relation to the shelter entrance)

Current Operations:

- | 1. Shelter Inventory: | Number of Animals |
|---------------------------|-------------------|
| Cat Unit _____ | |
| Cat Isolation _____ | |
| Dog Unit _____ | |
| Aggressive Dog Unit _____ | |
| Exotic Unit _____ | |
| Small mammals | |
| Reptiles | |
| Birds | |
| Dog Isolation Unit _____ | |
| Quarantine _____ | |
| Equine _____ | |
| Sheep or Goat _____ | |
| Other _____ | |

2. Incidents Documented:

Failure to Comply _____
Bites to Humans _____
Human Injuries (non-bite) _____
Animals Injured _____
Animals Sick _____
Animals Sick moved off site _____

3. Staffing:

Day Shift Volunteers _____ Night Shift Volunteers _____
Day Shift Veterinarians _____ Night Shift Veterinarians _____
EMT _____
Other _____

4. Supply Needs:

Animal Care Supplies _____
Medical Supplies _____
Equipment _____
Office Supplies _____
Signage _____
Food & Water for Volunteers _____

5. Special needs:

Counselors? _____
Veterinary assistance? _____
Additional security? _____

Future Operations: Plans for next few days of operation

CONCERNS/NEEDS/IDEAS/PROBLEMS(C-NIP)

(To be completed daily at shift change meeting)

Date _____/_____/_____

Shelter Unit _____

Team Leader: _____

Cell Phone: (____) _____

1. Volunteers:

2. Owners or Evacuees:

3. Supplies:

4. Facility:

5. Maintenance:

6. Safety:

7. Medical Problems with Animals:

Cage# _____ Describe: _____

Cage # _____ Describe: _____

Attach another sheet if needed.

All shelter units should hold shift change discussions twice daily. Please bring concerns, problems, needs and ideas to the morning meeting