

Please read through this information carefully. Providing us with <u>detailed</u> and <u>accurate</u> information will enable us to provide the highest level of care possible.

In this Packet, by page

- 1. Contact information
- 2. Instructions
- 3. Owner Intake Form
- 4. Animal Intake Form
- 5. Emergency Animal Shelter Liability Release Form
- 6. Animal ID Card (attach to stall/cage)
- 7. Livestock Shelter Care Form (Stall Form)
- 8. Companion Animal Shelter Care Form (Cage Form)
- 9. Map of the Sonoma County Fairgrounds
- 10. Preparedness Check-List

Emergency Contacts:

- Sonoma CART Hotline (707) 861-0699 info@sonomacart.org
- Sonoma County Animal Services (707) 565-7100
- Sonoma Sheriff (707) 565-2511
- Napa CART (707) 732-1555 info@napacart.org

Sonoma Community Animal Response Team

1415 Fulton Rd, Ste 205-415, Santa Rosa, CA......24 hour Hotline: (707) 861-0699 www.sonomacart.org | www.facebook.com/sonomacart

Sonoma County Animal Services

1247 Century Ct, Santa Rosa, CA 95403 (707) 565-7100 (open 8am-5:30pm)

North Bay Animal Services

840 Hopper St, Petaluma, CA 94952(707) 762-6227 (open 9am-6pm)

Sonoma County Dept. of Agriculture

Aviation Blvd #110, Santa Rosa, CA 95403...... (707) 565-2371

EMERGENCY ANIMAL SHELTER SITES



Sonoma County Fairgrounds

Species: All Address: 1350 Bennett Valley Road, Santa Rosa, CA Contact: Sonoma CART or Fairgrounds (707) 545-4200 Additional Info: Livestock, large animals and poultry enter Gate 7 on Aston Ave. Look for signs for Large Animal Evac / CART Intake. Text/call when enroute.

Sonoma County Horse Park

Species: All Horses / Donkeys / Mules / Ponies (equids) Address: 7600 Lakeville Hwy, Petaluma, CA 94954 Contact: Sonoma CART (707) 861-0699 Additional Info: Enter long driveway, turn right at Giant Steps, Left at KMC barn. Look for signs for Large Animal Evac / CART Intake. Text/call when enroute.

Petaluma Fairgrounds

Species: Livestock / Goats / Sheep / Camelids / Equids under 14 hands Address: 100 Fairgrounds Drive, Petaluma, CA Additional Info: Enter on Payan St.

Human Shelters Allowing Dog / Cat / Companion Animals:

Finley Center - 2060 W College Ave, Santa Rosa, CA 95401

Sonoma State University - 1801 E Cotati Ave, Rohnert Park, CA 94928



EMERGENCY SHELTERING OF ANIMALS

Instructions:

When entering an emergency animal shelter, find the Check-In desk and wait for assistance. Many of these forms can be prefilled and kept in a binder with sheet protectors in duplicate.

- Follow directions for unloading and STAY IN LINE:
 - You will be directed where to unload and assigned a stall/cage(s).
- ID YOUR ANIMALS!
 - It is imperative that your animal has some form of ID on it. We recommend you have a collar, mane tag, dog/luggage tag on halter, tyvek hospital collar. If applicable, leave the halter/collar on as animals.
- Attach the ANIMAL ID FORM and ANIMAL CARE FORM to the stall/cage
 - Please update this form daily it is the only way we know your animal is being cared for.
- REMOVE YOUR TRAILER/CAR to the designated parking area as soon as possible.
- Fill out and turn in the **OWNER** and **ANIMAL INTAKE FORMS** and **ANIMAL LIABILITY RELEASE** to personnel before leaving the shelter.
- Label all personal items separately
 - (halter, lead rope, leash, crate, buckets, muck rakes, etc)

IT IS YOUR RESPONSIBILITY TO CARE FOR OR MAKE ARRANGEMENTS FOR THE CARE OF ANIMALS AT THE SHELTER UNLESS OTHERWISE STATED.

We are here to assist you and appreciate your cooperation/patience !



OWNER INTAKE FORM

Fill out and turn in to shelter intake at check-in:

Owner(s) Information (F	irst, Last):		
Street Address:		City:	Zip:
Home Phone:			
If animal(s) found, locati	on?		
Finders Name:		Phone #	
Hauler Information (if otl	her than owner)		
In Case of Emergency, I	Name:	Phone #_	
Veterinarian		Phone #	
Note: Please complete next p	bage for individual animal	information	

Animal Care & Responsibility (circle your response)

Will you be staying on site to care for your animal? Yes / No Will you be staying off-site but coming to feed and care for your animal? Yes / No Are you unable to care for your animal and need the assistance of volunteers? Yes / No Once the disaster is over will you need foster care? Yes / No

As the animal owner, I agree to the following shelter requirements:

- □ I will care for (clean, feed) or make arrangements for care of my animals.
- □ Feeding is at 8am and 5pm. If possible, please feed all animals at the same time to avoid food aggression/anxiety.
- □ PRIOR TO ANIMAL LEAVING THE SHELTER:
 - □ I will clean the stall/cage before departing.
 - □ Receive paperwork from Sonoma CART intake to show on exiting the shelter. This is required to ensure all animals leave with their rightful owner.
- DO NOT MOVE your animal from their assigned cage/stall without Sonoma CART management.
- □ Abide all rules posted on premise.
- □ Immediately report injury or complaints to CART intake.

OFFICE ONLY:		
ANIMAL RELEASE INFORMATIO	N	
DATE / TIME	Vet sign-off	
Who is removing? owner / hauler ,	If hauler name & phone	

RESPONSE TO			OHEL	TER
ANIMAL INTAKE FOR	RM			_of animals
Animal #:Name:				ge #:
Species: Breed:				
Color:Markings :				
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #:Name:				
Species Breed:				K:
Color Markings:_ Rehaviar laguag2				
Behavior Issues?				<u> </u>
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #: Name:				
Species: Breed:				
Color:Markings :				
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:		Dev		
Animal #: Name:				
Species: Breed:				ex:
Color:Markings:				
Behavior Issues?				
Special Dietary Needs?				
Vedical Needs?			· · · · · · · · · · · · · · · · · · ·	
Other:				
Animal #: Name:				
Species: Breed: Color: M				
Behavior Issues? Special Dietary Needs?			· · · · · · · · · · · · · · · · · · ·	

IN COMA-			
	OFFICE ONLY		FIRST
		BARN/STALL/CAGE	DATE ADMITTED
Parting Response the		INCIDENT	SHELTER
EMERGENCY ANIMAL SH	IELTER: LIA	ABILITY RELEA	SE FORM
Owner:		Ва	rn/Stall/Cage #:
Address:			
Primary Cell Phone:		Email	
Other Responsible Party Name:			Phone:
Preferred Vet Name:			Phone:
		a .	D
Animal Name:		Species:	Breed:
Color/Markings:			Sex:
Behavior Issues?			
Special Dietary Needs?			
Medical Needs?			
Other:			

Indemnification: Owner agrees to accept all responsibility for loss, damage and injury to sheltered animal(s) of owner that may occur to owner's animals or person as a result of housing owner's animals at a shelter with the Sonoma Community Animal Response Team (Sonoma CART) during this evacuation. Additionally Owner agrees to indemnify, hold harmless and release the Sonoma CART, Sonoma County Animal Services, the County of Sonoma, their officers, agents and employees as well as the Sonoma Horse Park and the Sonoma County Fairgrounds and all evacuation volunteers (Caregivers) or any other affiliated parties from and against any actions, claims, damages, liabilities, disabilities or expense that may be asserted by any person or entity, including owner, that arise out of, pertain to or relate to Owners' sheltering of animals with Sonoma CART. Owner hereby requests Caregiver to provide temporary stabling or kenneling for the animal listed above, and caregiver is able to move/transport or evacuate said animal if necessary when Owner is not present. Owners are responsible for all feeding and bedding of animal(s), cleaning of the stall(s) and kennel(s) unless other arrangements have been made with Caregiver. All feed and bedding provided to owner's animal(s) is at the expense of the owner and must be paid for prior to owner taking the animal from the shelter.

If the animal becomes ill while under the care of the Caregiver and owner cannot be reached, the onsite veterinarian, (if available) has owner's approval to authorize Caregiver to approve any emergency treatment recommended by said veterinarian. Owner further agrees to promptly reimburse Caregiver or veterinarian for any expenses incurred for any medical treatment or emergency care. Additionally Owner agrees to indemnify, per the above indemnification clause any consequence from Caregiver or veterinarian's actions regarding the injured animal. Owner authorizes Caregiver to approve emergency quartering of the pet (i.e. alternative animal emergency shelter) if being evacuated because of a pending or occurring disaster. Owner releases Caregiver from all liability and costs related to the care, transportation, treatment,

boarding, or expenses, resulting from the emergency / disaster sheltering and care, or any special needs for the animal as determined by Caregiver.

Signature of Owner:	 Date:	
Printed Name of Owner:		

NA COMMUN	
PERMAL RESPONSE THE	

OFFICE ONLY	LAST_		FIRST	
	BARN/STALL	/CAGE	DATE ADMITTED	
	INCIDENT		SHELTER	

ANIMAL ID CARD Total Animal #___ of ____ Name: Species: Breed: Sex: Age: PHOTO Color: Weight: lbs Markings: Microchip #: Boarded At: Owner(s): Home Phone: Contact: Cell: Phone: Email: Address: Address: ER Foster Plan: ER Contact: Phone: Phone: Address: Address: Veterinarian: Health Concerns: Hospital: Phone: Vaccines / Date Last Given Medications: Feed Instructions: Other:



OFFICE ONLY LAST______FIRST_____ BARN/STALL/CAGE_____DATE ADMITTED_____ INCIDENT______SHELTER_____

LARGE ANIMAL SHELTER - STALL FORM

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Owner:	Phone #:
Alt. Contact:	Phone #:

Animal:	Species:	Breed:
Age: Sex:	Color:	Microchip:
Vet Check? Date:	Problem:	DVM:

By checking this box, I release veterinary care for this animal to the veterinarian on call.

INSTRUCTIONS	Date:			
Feed AM:	AM:	AM:	AM:	AM:
Feed PM:	PM:	PM:	PM:	PM:
Appetite:	AM: + / - PM: + / -			
Water Circle amount <i>added</i>	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full
Exercise? Yes / No Hand walk / Turn out				
Manure Circle number of piles	AM: 0 1 2 3 + PM: 0 1 2 3 + normal / loose	AM: 0 1 2 3 + PM: 0 1 2 3 + normal / loose	AM: 0 1 2 3 + PM: 0 1 2 3 + normal / loose	AM: 0 1 2 3 + PM: 0 1 2 3 + normal / loose
Treatments:				



OFFICE ONLY LAST______ FIRST_____ BARN/STALL/CAGE_____ DATE ADMITTED_____ INCIDENT______ SHELTER______

SMALL ANIMAL SHELTER - CAGE FORM

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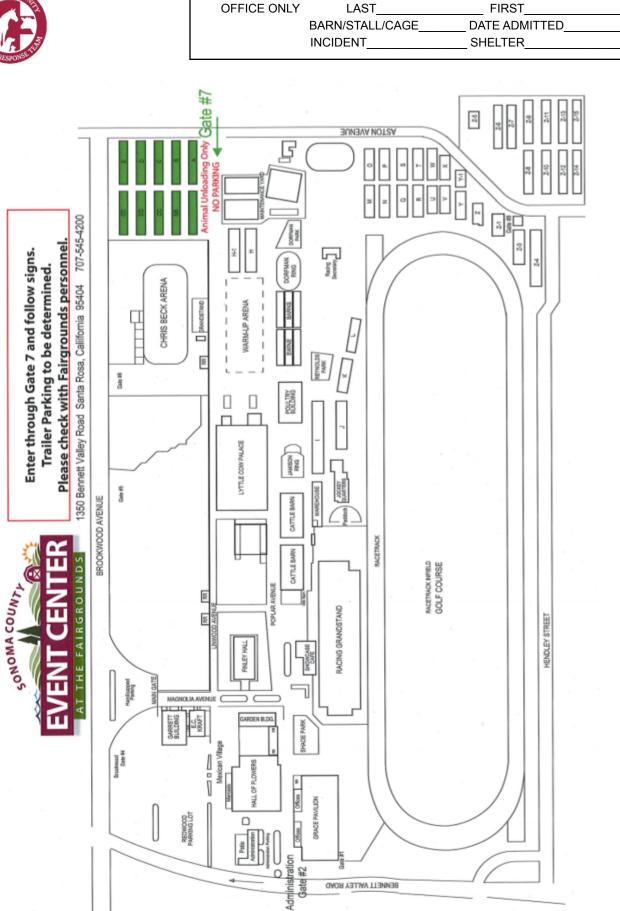
Owner:	Phone #:
Alt. Contact:	Phone #:

Animal:		Species:	Breed:
Age:	Sex: M / F / Castrated	Color:	Microchip:
Vet Chec	k? □ Date:	Problem:	DVM:

D By checking this box, I release veterinary care for this animal to the veterinarian on call.

INSTRUCTIONS D	ate:			
Feed AM:	AM:	AM:	AM:	AM:
Feed PM:	PM:	PM:	PM:	PM:
Appetite:	AM: + / - PM: + / -			
Water Circle amount <i>added</i>	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full	AM: 0 - ½ - full PM: 0 - ½ - full
Exercise? Yes / No Walk on leash				
Defecation Normal / loose?	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +
Urination	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +	AM: 0 1 2 3 + PM: 0 1 2 3 +
Treatments:				







Emergency Preparedness Checklist

General Supplies:

- Emergency Water Supply (minimum 7 days for evacuation, 14 for home)
- Emergency Food Supply (minimum 7 days for evacuation, 14 for home)
 - □ Non-perishable, easy to prepare; rotate stock so it stays in date
 - □ Keep in easily accessible place that seems least disaster-prone
- □ Flashlight and extra batteries, or solar
- Battery powered or solar/hand crank radio and cell phone charger
- Girst Aid Kit
- Personal medications and related supplies for 7 days
- □ Multi-Purpose Tool for shutting off power, gas and water
- □ Personal hygiene items (toilet paper, "baby wipes", shampoo, etc.)
- Personal documents: (Hardcopy and on the cloud)
 - Medication List
 - Pertinent Medical Info (Doctor and phone number)
 - Health insurance
 - Proof of Address
 - Deed to Home or lease agreement
 - Passport
 - Birth certificate
 - Social Security card
 - Insurance policies
 - □ Family and Emergency Contact information
 - □ Video of house and property
- □ Cell Phone and Chargers, solar and car plug-in
- Water Bottle
- Extra Cash
- Blankets and Sleeping Bags
- Pillows
- □ Maps of the area
- □ Two -Way Radios (walkie-talkie or better)
- □ Whatsapp on your cell phone
- □ changes of clothes x3
- □ Shoes and Boots
- □ Spare keys (house, property, vehicle, trailer)
- Duct Tape
- Liquid Household Bleach (1 gallon)
- □ Entertainment items: playing cards, musical instrument, sketchbook, journal, knitting
- Basic Toolkit: hammer, nails, screw drivers (Philips and Slot), adjustable wrench, bolt cutters
- Full fuel tank(s), jumper cables and quality spare tires & jack in all evacuation vehicles

Emergency Preparedness Checklist



Small Animal Supplies:

- □ Collar and/or harness
- Leash
- □ Food (evacuating > 7 days, SIP > 10 days)
- □ Water >10 days
- □ Carrier
- □ Water and Food bowl
- □ Sleeping pad or blanket
- Travel Crate
- □ Animal ID Card on crate (Vaccination, Health and Ownership, Microchip)
- Medicines / Prescriptions
- First Aid Kit

Large Animal Supplies:

- Leather or cotton, halters and lead ropes
- □ Food (evacuating > 7 days, SIP > 10 days)
- □ Water (SIP >10 days)
- Buckets
- □ Fly masks, blankets
- Animal ID Card / Vaccination and Health Records Binder
- Post Animal ID Card and Medication in barn (in case evacuation orders are issued when you are away and animals are cared for by shelter in place teams)
- Medicines and Prescriptions
- First Aid / Home Health Kit (Your veterinarian can provide recommendation for items to include)

Sonoma CART strongly recommends that: ALL large and small animals be microchipped and ownership is registered to microchips in advance of any emergency or disaster.