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

In this Packet, by page

- 1. Contact information
- 2. Instructions
- 3. Owner Intake Form
- 4. Animal Intake Form
- 5. Emergency Animal Shelter Animal Liability Release Form
- 6. Animal ID Card (for stall)
- 7. Animal Care Form (for stall)
- 8. Map of the Sonoma County Fairgrounds
- 9. Preparedness Check-List

24/7 ASSISTANCE:

- Sonoma CART hotline (707) 861-0699
- 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

www.sonomacart.org | www.facebook.com/sonomacart Hotline: (707) 861-0699

Sonoma County Animal Services Dog / Cat / Companion Animals:

1247 Century Ct, Santa Rosa, CA 95403 | (707) 565-7103 (open 8am-5:30pm)

North Bay Animal Services Dog / Cat / Companion Animals:

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



OFFICE ONLY	LAST	FIRST	
	BARN/STALL/CAGE_	DATE ADMITTED	
	INCIDENT	SHELTER	

Sonoma County Horse Park All Horses / Donkeys / Mules / Ponies (equids):

7600 Lakeville Hwy, Petaluma, CA 94954. Enter long driveway, turn right at Giant Steps, Left at KMC barn. Look for signs for Large Animal Evac / CART Intake. Main contact to text/call when enroute (707) 861-0699

Petaluma Fairgrounds Livestock / Goats / Sheep / Camelids:

100 Fairgrounds Drive, Petaluma, CA . Enter on Payan St.

Finley Center Human Shelters allowing Dog / Cat / Companion Animals:

2060 W College Ave, Santa Rosa, CA 95401

Sonoma State University Human Shelters allowing Dog / Cat / Companion Animals:

1801 E Cotati Ave, Rohnert Park, CA 94928

Sonoma County Fairgrounds

1350 Bennett Valley Road, Santa Rosa, CA | (707) 545-4200 Contact information: Cliff Sanders......(707) 529-8464

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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
 - o (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!

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OFFICE ONLY	LAST	FIRST	_
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OWNER INTAKE FORM

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

Street Address:		City:	Zip:
Owner(s) Information (First, Last):_ Street Address:C Home Phone:C	ell:	Email:	
If animal(s) found, location?			
Finders Name:		Phon	e#
Hauler Information (if other than ow	vner)		
In Case of Emergency, Name:		Pho	ne #
Veterinarian		Phone #	
Note: Please complete next page for indiv	ridual animal info	ormation	
Animal Care & Responsibility (ci	rcle your res	sponse)	
Will you be staying on site to care f	-		
Will you be staying off-site but com	ing to feed ar	nd care for you	r animal? Yes / No
Are you unable to care for your ani	=	-	
Once the disaster is over will you n	eed foster ca	re? Yes / No	
As the animal owner, I agree to t	he following	shelter requi	rements:
I will care for (clean, feed) or	r make arranç	gements for ca	re of my animals.
Feeding is at 8am and 5pm. avoid food aggression/anxie		lease feed all	animals at the same time to
□ PRIOR TO ANIMAL LEAVIN	•	LTER:	
☐ I will clean the stall/ca			
	•		show on exiting the shelter.
This is required to en			· ·
DO NOT MOVE your animal			-
management.		-	
☐ Abide all rules posted on pre	emise.		
Immediately report injury or	complaints to	CART intake.	
OFFICE ONLY:			
ANIMAL RELEASE INFORMATION			
	sign-off		
Who is removing? owner / hauler, If hau			

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OFFICE ONLY	LAST	FIRST
	BARN/STALL/CAGE_	DATE ADMITTED
	INCIDENT	SHELTER

ANIMAL INTAKE FORM	ı otal 7	7 or animals		
Animal #: Name:	Barn/Stall/Cage #:			
Animal Name:				
Color/Markings :				
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #: Name:	Barn/Stall/	Cage #:		
Animal Name:				
Color/Markings :	Age/DOB:	Sex: M / F / Cast		
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #: Name:	Barn/Stall/	Cage #:		
Animal Name:				
Color/Markings :				
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #: Name:	Barn/Stall/	Cage #:		
Animal Name:		_		
Color/Markings :				
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Other:				
Animal #: Name:	Barn/Stall/	Cage #:		
Animal Name:				
Color/Markings :	Age/DOB:	Sex: M / F / Cast		
Behavior Issues?				
Special Dietary Needs?				
Medical Needs?				
Othor:				

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OFFICE ONLY	LAST	FIRST	_
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EMERGENCY ANIMAL SHELTER: ANIMAL LIABILITY RELEASE FORM

Owner:		
Address:		
Phone:		
Other Responsible Party Name:		
Owners Preferred Vet Name:		Phone:
Animal Name:		
Color/Markings :		
Behavior Issues?		
Special Dietary Needs?		
Medical Needs?		
Other:		
animal(s) of owner that may occur to or animals at a shelter with the Sonoma Cothis evacuation. Additionally Owner agric CART, Sonoma County Animal Service employees as well as the Sonoma Horsevacuation volunteers (Caregivers) fror disabilities or expense that may be assof, pertain to or relate to Owners' shelter requests Caregiver to provide temporal caregiver is able to move/transport or expense are responsible for all feeding kennel(s) unless other arrangements have owner's animal(s) is at the expense of animal from the shelter. If the animal becomes ill while under the on-site veterinarian, (if available) has one mergency treatment recommended by reimburse Caregiver or veterinarian for emergency care. Additionally Owner agrouped consequence from Caregiver or veterination. Owner authorizes Caregiver to approve emergency shelter) if being evacuated. Owner releases Caregiver from all liabilities to animal or expenses, resulting from the needs for the animal as determined by	Community Animal Respects to indemnify, hold es, the County of Sonorse Park and the Sonorm and against any activated by any person or ering of animals at the ry stabling or kenneling evacuate said animal if and bedding of animal ave been made with Cof the owner and must be care of the Caregive owner's approval to auty said veterinarian. Ow any expenses incurred grees to indemnify, per parian's actions regardice emergency quartering because of a pending the emergency / disaste the e	sponse Team (Sonoma CART) during harmless and release the Sonoma ma, their officers, agents and ma County Fairgrounds and all ons, claims, damages, liabilities, rentity, including owner, that arise or Sonoma CART. Owner hereby g for the animal listed above, and necessary when Owner is not prese (s), cleaning of the stall(s) and aregiver. All feed and bedding provide be paid for prior to owner taking the error and owner cannot be reached, the horize Caregiver to approve any other further agrees to promptly d for any medical treatment or the above indemnification clause are ing the injured animal. It is good to the pet (i.e. alternative animal or occurring disaster.
Signature of Owner		Data
Signature of Owner:		Date
Printed Name of Owner:		

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OFFICE ONLY	LAST	FIRST	_
	BARN/STALL/CAGE_	DATE ADMITTED	
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ANIMAL ID CARD

Total Animal # of

Name:	
Species: Breed:	
Sex: M / F / Cast Age/DOB:	РНОТО
Color: Weight: Ibs	
Markings:	
Microchip #:	
Owner(s): Home Phone: Cell: Email: Address:	Boarded At: Contact: Phone: Address:
ER Contact: Phone: Address:	ER Foster Plan: Phone: Address:
Veterinarian: Hospital: Phone:	Health Concerns:
Vaccines / Date Last Given	Medications:
Feed Instructions:	Other:

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Page ___ of _ **LARGE ANIMAL SHELTER - STALL FORM** Owner: Phone #: Alt. Contact: Phone #: Animal: Breed: Species: Age: Sex: M / F / Cast. Color: Microchip: Vet Check? ☐ Date: Problem: DVM: ☐ By checking this box, I release veterinary care for this animal to the veterinarian on call.

NSTRUCTIONS	Date:			
Feed AM:	AM:	AM:	AM:	AM:
Feed PM:	PM:	PM:	PM:	PM:
Appetite:	AM: + / - PM: + / -			
Vater 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
Freatments:				

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OFFICE ONLY	LAST	FIRST
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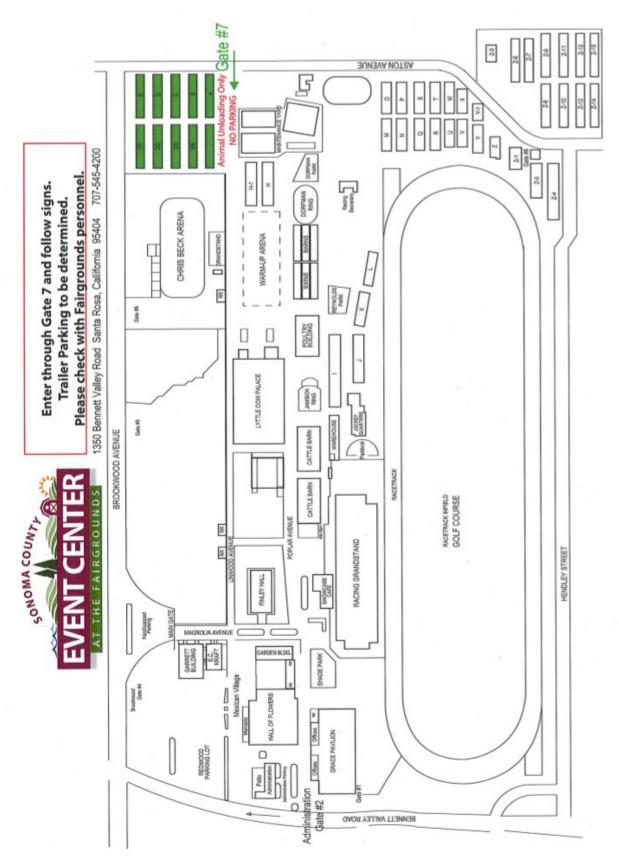
Page ___ of _ **SMALL ANIMAL SHELTER - CAGE FORM** Owner: Phone #: Alt. Contact: Phone #: Animal: Breed: Species: Age: Sex: M / F / Cast. Color: Microchip: Vet Check? ☐ Date: Problem: DVM: ☐ By checking this box, I release veterinary care for this animal to the veterinarian on call.

NSTRUCTIONS	Date:			
Feed AM:	AM:	AM:	AM:	AM:
Feed PM:	PM:	PM:	PM:	PM:
Appetite:	AM: + / - PM: + / -			
Vater 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 +
Jrination	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 +
Freatments:				

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



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OFFICE ONLY	LAST	FIRST
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	INCIDENT	SHELTER

Emergency Preparedness Checklist

General Supplies:

vehicles

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
First 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

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to include)

OFFICE ONLY	LAST	FIRST_	
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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

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.

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