

# Oregon Disaster Animal Sheltering

## Request for Rescue/Evacuation Assistance

Status: ☐ Rescued ☐ Unable to Capture ☐ No sign of animal  
☐ Access denied ☐ Found deceased

Team Assigned: \_\_\_\_\_

Completion Date/Time: \_\_\_\_\_

### Request Information

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Reason for Rescue/Assistance: ☐ Owner Request ☐ Agent Request ☐ EM/Command ☐ ACO ☐ ASAR ☐ Other: \_\_\_\_\_

Address/Location of Animal: \_\_\_\_\_

Additional Information for Rescue: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Requesting Assistance: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Animal Information

Animal #1: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Animal #2: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Animal #3: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Animal #4: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Animal #5: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Have any of the animals bitten anyone within the last 10 days? ☐ Yes ☐ No

Are any of the animals aggressive toward: ☐ Men ☐ Women ☐ Children ☐ Animals

### Consent Given

Please initial where consent will be given: \_\_\_\_\_

\_\_\_\_\_ Does the person requesting rescue/assistance have the owner(s) permission to authorize necessary care? ☐ Yes ☐ No

\_\_\_\_\_ Is authorization provided for in field medical care? ☐ Yes ☐ No Do not perform: \_\_\_\_\_

\_\_\_\_\_ Is a key available? ☐ Yes ☐ No Key Location: \_\_\_\_\_

\_\_\_\_\_ Is keyless entry authorized? ☐ Yes ☐ No Means of approved entry? \_\_\_\_\_

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

# Oregon Disaster Animal Sheltering

## Owned Animal Admission Form

Status: ☐ Rescued ☐ Owner/Agent Drop-Off ☐ Relinquished ☐ Deceased

Intake Date: \_\_\_\_\_

Unique ID: \_\_\_\_\_

### Animal Information

Name: \_\_\_\_\_ Species: ☐ Cat ☐ Dog ☐ Other: \_\_\_\_\_

Sex: ☐ F ☐ M Spayed/Neutered: ☐ Yes ☐ No ☐ Unknown Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Coat Color/Length: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Other ID/Marks: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ Preferred Contact Method: ☐ Text ☐ Phone ☐ Email

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ ☐ Cell ☐ Home

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Vaccine/Medical History

(Dog) Rabies: \_\_\_\_\_ Distemper/Parvo: \_\_\_\_\_ Parvo: \_\_\_\_\_ Bordatella: \_\_\_\_\_

(Cat) Rabies: \_\_\_\_\_ Respiratory: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Provided by Owner: ☐ Yes ☐ No

Special Dietary Needs: \_\_\_\_\_ Provided by Owner: ☐ Yes ☐ No

Has the animal bitten anyone within the last 10 days? ☐ Yes ☐ No Is the animal aggressive toward: ☐ Men ☐ Women ☐ Children ☐ Animals

### Agreement/Release

Due to the declared emergency, I am requesting authorized agents to board my animal listed above. I understand that my animal may be exposed to diseases and other risks while being housed at the shelter or other facilities. I hereby agree to indemnify/hold harmless all persons, organizations, corporations, or government agencies involved in any or all of the processes of registration, transportation, evacuation, care and sheltering, search and rescue and reunification of my animal(s). I understand that the risk of injury, escape or death of the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary care or expenses which may be incurred in the necessary treatment of my animal(s).

Owner/Agent: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer/Witness: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: ☐ Returned to Owner ☐ Hold for Owner ☐ Adopted ☐ Euthanized/Deceased ☐ Transported: \_\_\_\_\_ Date/Time: \_\_\_\_\_

# Oregon Disaster Animal Sheltering

## Owner Unknown Animal Admission Form

Status: ☐ Rescued ☐ Owner/Agent Drop-Off ☐ Relinquished ☐ Deceased

Intake Date: \_\_\_\_\_

Unique ID: \_\_\_\_\_

### Animal Information

Name: \_\_\_\_\_ Species: ☐ Cat ☐ Dog ☐ Other: \_\_\_\_\_

Sex: ☐ F ☐ M Spayed/Neutered: ☐ Yes ☐ No ☐ Unknown Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Coat Color/Length: \_\_\_\_\_ Size/Weight: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Other ID: \_\_\_\_\_

### Transport Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Location where animal found: \_\_\_\_\_

Cross street and neighborhood: \_\_\_\_\_

### Medical Evaluation

Animal Health Status: ☐ Emergency Medical ☐ Medical Care Advised ☐ Stable ☐ Pregnant ☐ Deceased ☐ Other: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Behavior: ☐ Friendly ☐ Shy/Cautious/Fearful ☐ Aggressive ☐ Biter/Bite Hold ☐ Other: \_\_\_\_\_

Has the animal bitten anyone within the last 10 days? ☐ Yes ☐ No Is the animal aggressive toward: ☐ Men ☐ Women ☐ Children ☐ Animals

### Agreement/Release

Due to the declared emergency, I am requesting authorized agents to board my animal listed above. I understand that my animal may be exposed to diseases and other risks while being housed at the shelter or other facilities. I hereby agree to indemnify/hold harmless all persons, organizations, corporations, or government agencies involved in any or all of the processes of registration, transportation, evacuation, care and sheltering, search and rescue and reunification of my animal(s). I understand that the risk of injury, escape or death of the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary care or expenses which may be incurred in the necessary treatment of my animal(s).

Owner/Agent: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer/Witness: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: ☐ Returned to Owner ☐ Hold for Owner ☐ Adopted ☐ Euthanized/Deceased ☐ Transported: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## Daily Care Sheet

Owner: ☐ Owner Known ☐ Owner Unknown/Stray

## Animal Information

Kennel:

[illegible]

# Oregon Disaster Animal Sheltering

## Veterinary Examination Record

Shelter: \_\_\_\_\_

Animal ID: \_\_\_\_\_

### Animal Information

Animal Name/ID: \_\_\_\_\_ Date/Time of Exam: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Actual ☐ Estimated

Sex: ☐ F ☐ M Spayed/Neutered: ☐ Yes ☐ No ☐ Unknown Weight: \_\_\_\_\_ ☐ Actual ☐ Estimated

### Physical Exam

Body Condition: ☐ Obese ☐ Good ☐ Fair ☐ Emaciated Body Temperature: \_\_\_\_\_

Pulse: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_ Capillary Refill Time: \_\_\_\_\_ Mucous Membranes: \_\_\_\_\_

Physical Exam	N	A	(N=Normal A=Abnormal)	Initial Physical Exam Notes
Eyes				
Ears				
Nose & Throat				
Mouth, Teeth, Gums				
Coat & Skin				
Musculoskeletal				
Lungs				
Heart				
Gastrointestinal				
Abdomen				
Urogenital System				
Neurological				

### Exam Notes

Veterinarian: \_\_\_\_\_ Date: \_\_\_\_\_

See reverse for treatments/follow-up

### Treatments Administered

Microchip: ☐ Implanted ☐ Present ☐ None

Number: \_\_\_\_\_

Vaccine/Treatment	Date Given	Date Expires	Vaccine/Treatment	Date Given	Date Expires

### Laboratory Tests Performed

### Housing/Diet Recommendations

### Treatment/Follow-up

### Behavioral Assessment

Behavior: ☐ Friendly ☐ Shy/Cautious/Fearful ☐ Aggressive ☐ Biter/Bite Hold ☐ Other:

Has the animal bitten anyone within the last 10 days? ☐ Yes ☐ No Is the animal aggressive toward: ☐ Men ☐ Women ☐ Children ☐ Animals

# Oregon Disaster Animal Sheltering

## Animal Transfer Report

### Transfer Information

Origin Shelter: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Destination Shelter: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Animals Transferred


Origin Representative: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Transporter: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Destination Representative: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
Special Diet/Medications/Notes:  <div> <p><b>Approved for all</b></p> <p><b>STAFF &amp; VOLUNTEERS</b></p> </div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
Special Diet/Medications/Notes:  <div> <p><b>Approved for all</b></p> <p><b>STAFF &amp; VOLUNTEERS</b></p> </div>		



Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div> <div> <h2>Approved CAT STAFF &amp; VOLUNTEERS Only</h2> <p><input type="checkbox"/> No Youth Volunteers</p> <p><b>Alerts:</b></p> <div> <input type="checkbox"/> Cat Reactive <input type="checkbox"/> Kennel Defensive </div> <div> <input type="checkbox"/> Fearful <input type="checkbox"/> Sensitive to being carried </div> <div> <input type="checkbox"/> Handling Sensitivity <input type="checkbox"/> Unsocial Kitten </div> </div> <div> Special Diet/Medications/Notes: </div> </div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div> <div> <h2>Approved CAT STAFF &amp; VOLUNTEERS Only</h2> <p><input type="checkbox"/> No Youth Volunteers</p> <p><b>Alerts:</b></p> <div> <input type="checkbox"/> Cat Reactive <input type="checkbox"/> Kennel Defensive </div> <div> <input type="checkbox"/> Fearful <input type="checkbox"/> Sensitive to being carried </div> <div> <input type="checkbox"/> Handling Sensitivity <input type="checkbox"/> Unsocial Kitten </div> </div> <div> Special Diet/Medications/Notes: </div> </div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:	Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray	
Special Diet/Medications/Notes:  <h1>Dedicated CAT Caretaker</h1> <hr/> <b>Alerts:</b> <input type="checkbox"/> Cat Reactive <input type="checkbox"/> Kennel Defensive <input type="checkbox"/> Fearful <input type="checkbox"/> Sensitive to being carried <input type="checkbox"/> Handling Sensitivity <input type="checkbox"/> Unsocial Kitten		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:	Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray	
Special Diet/Medications/Notes:  <h1>Dedicated CAT Caretaker</h1> <hr/> <b>Alerts:</b> <input type="checkbox"/> Cat Reactive <input type="checkbox"/> Kennel Defensive <input type="checkbox"/> Fearful <input type="checkbox"/> Sensitive to being carried <input type="checkbox"/> Handling Sensitivity <input type="checkbox"/> Unsocial Kitten		



Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div>Special Diet/Medications/Notes:</div> <div> <b>Approved DOG STAFF &amp; VOLUNTEERS Only</b>  <input type="checkbox"/> No Youth Volunteers  <b>Alerts:</b>  <div> <input type="checkbox"/> Anxious                      <input type="checkbox"/> Leash Reactive  <input type="checkbox"/> Barrier Reactive              <input type="checkbox"/> Overstimulates  <input type="checkbox"/> Escape Artist                  <input type="checkbox"/> Poor Leash Manners  <input type="checkbox"/> Fearful                          <input type="checkbox"/> Resource Guards  <input type="checkbox"/> Handling Sensitivity </div> </div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div>Special Diet/Medications/Notes:</div> <div> <b>Approved DOG STAFF &amp; VOLUNTEERS Only</b>  <input type="checkbox"/> No Youth Volunteers  <b>Alerts:</b>  <div> <input type="checkbox"/> Anxious                      <input type="checkbox"/> Leash Reactive  <input type="checkbox"/> Barrier Reactive              <input type="checkbox"/> Overstimulates  <input type="checkbox"/> Escape Artist                  <input type="checkbox"/> Poor Leash Manners  <input type="checkbox"/> Fearful                          <input type="checkbox"/> Resource Guards  <input type="checkbox"/> Handling Sensitivity </div> </div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y                      M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div><div>Dedicated DOG Caretaker</div><div>Special Diet/Medications/Notes:</div></div> <hr/> <div><b>Alerts:</b><div><input type="checkbox"/> Anxious                      <input type="checkbox"/> Leash Reactive <input type="checkbox"/> Barrier Reactive            <input type="checkbox"/> Overstimulates <input type="checkbox"/> Escape Artist                <input type="checkbox"/> Poor Leash Manners <input type="checkbox"/> Fearful                        <input type="checkbox"/> Resource Guards <input type="checkbox"/> Handling Sensitivity        <input type="checkbox"/> No Dogs</div></div>		

Kennel Number:	Name:	ID Number:
Arrival Date:	Age: Y                      M	Sex:
Color/Pattern:		Owner: <input type="checkbox"/> Owner Known <input type="checkbox"/> Owner Unknown/Stray
<div><div>Dedicated DOG Caretaker</div><div>Special Diet/Medications/Notes:</div></div> <hr/> <div><b>Alerts:</b><div><input type="checkbox"/> Anxious                      <input type="checkbox"/> Leash Reactive <input type="checkbox"/> Barrier Reactive            <input type="checkbox"/> Overstimulates <input type="checkbox"/> Escape Artist                <input type="checkbox"/> Poor Leash Manners <input type="checkbox"/> Fearful                        <input type="checkbox"/> Resource Guards <input type="checkbox"/> Handling Sensitivity        <input type="checkbox"/> No Dogs</div></div>		



