



Authorization to Shelter

Emergency Animal Shelter

Deployment ID: EN24-1 Date: 12/14 Time: 3pm

Official Use Only

Printed Name of Owner/Agent Samuel Jackson Owner ID# 002
Primary Contact Phone# 425-545-8789 ☐ text ☐ Alternate Contact Phone # 225-885-9595
Home Address 12314 South Hampton City/State/Zip Seattle, WA 99402
List of Animals (name, species, etc.):
Dog-Fluffy, Cat - Sebastian, Kitten - Salty, 8 cows

Number
of animals: 11

I, the undersigned Owner/Owner's Agent, hereby request the emergency sheltering of the above listed animals by these organizations responsible for operating the shelter WASART & Enumclaw Expo Center. I release these named organizations from any and all liability for the housing and care of my animals. I indemnify these named organizations from any action, claim, demand, or lawsuit including professional fees and attorney fees arising out of any health care provided by a licensed veterinarian to my animals at the request of the Emergency Shelter Manager.

- I understand and accept that I must present identification to visit my animal(s) while they are being sheltered when such visitations are allowed by the Emergency Shelter Manager.
- I certify that any of my animal(s) which have been recently diagnosed with a contagious disease have received successful treatment.
- I understand and accept that emergency conditions may require relocation of my animal(s) for their safety.
- I understand and accept emergency veterinary care may become necessary for my animal(s). If shelter personnel deem an emergency exam or treatment necessary, and if a representative of the shelter is unable to reach me for guidance, I authorize the shelter manager to arrange for transfer of care to a licensed veterinarian, and for said veterinarian to provide emergency treatment at their discretion and at my expense.
- I understand and accept that isolation of any of my animal(s) may be necessary for behavior or health reasons.
- I agree not to approach or touch animal(s) being sheltered, other than my own.
- I understand and accept that it is my responsibility to keep the Emergency Animal Shelter informed of my whereabouts and how I can be reached.
- I understand and accept that my animals will be given basic care including food, water, and exercise as appropriate.
- I intend to participate when requested in the care of my animal(s) to the extent I am able.
- I understand that if I am not able to claim my animals when the Emergency Animal Shelter shuts down or if I am unable to make arrangements for their disposition, my animal(s) may be released to the local animal control authority.

Signature of Owner/Owner's Agent: Have owner read & sign

Date: Have owner date

Emergency Shelter Contact #: 425-811-5498

← Get from shelter lead

Washington State Animal Response Team - 425-681-5498
WASART is a 501(c)(3) www.wasart.org • PO Box 21 - Enumclaw, WA 98022 • info@wasart.org