



REQUEST FOR ANIMAL SERVICES

Request # _____

M	T	W	Th	F	S	Su

Shelter in Place

Team Assigned: _____

Disaster Name: _____

ENTERED IN CHAMELEON: _____

Date:	Time:	Info Taken By:	PRIORITY STATUS
			<input type="checkbox"/> URGENT

REPORTING PARTY

Name	Street Address	City/State/Zip
Home Phone	Work Phone	Cell Phone

OWNER Animal(s) belong to reporting party

Name	Street Address	City/State/Zip
Home Phone	Work Phone	Cell Phone

ANIMALS TO BE ASSISTED Evacuation Welfare Check

#	NAME	SPECIES	BREED	SEX	COLOR	SIZE	AGGRESSIVE Y/N	CONFINED Y/N
1								
2								
3								
4								
5								

ANIMAL LOCATION

Animal(s) Last Seen:	Date:	Time:	Is anyone with the animal(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?
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Animal(s) Location/Directions: (include cross streets, landmarks and animal(s) location on property)

PERMISSION TO ASSIST

- I give permission for animal assistance workers to enter my property to assist or remove said animals.
- I do not hold the staff/volunteers liable if they are not able to save said animal(s) as requested.
- I understand BCAC/NVADG will make every effort to respond and provide care, but circumstances beyond our control may impede this from happening.
- I do not hold the staff/volunteers liable for any damage done to my property while attempting to assist said animals.
- I understand that I will be responsible to pick up my animal(s) immediately after the evacuations are lifted.
- Key provided? Yes No Permission to force entry? Yes No

VERBAL PERMISSION GIVEN BY _____ Driver's License # _____

RESULT OF RESCUE EFFORTS

List outcome: (e.g. Was it found? Was it caught? Were there complications? Where was animal taken? Any SIP notes?)

Owner was notified of results. Yes No Left Message

Revised 4-20-20