

Phone: 719-686-7707

Email: Office@TCRAS.org

Web: tcrascolorado.org



*"Fostering Hope and New Beginnings"*

Physical Address:  
308 Weaverville Rd  
Divide, CO 80814

Mailing Address:  
PO Box 904  
Divide, CO 80814

## EVACUATED ANIMAL INFORMATION AND RELEASE FORM

### Please read before filling out attached form

1. Your animals are being cared for by **TCRAS** (Teller County Regional Animal Shelter). TCRAS is a private 501(c)(3) corporation and is not a part of Teller County's government. However, we work closely with the County and also work closely with Teller County Emergency Services during times of crises.
2. TCRAS suggests a **\$10** donation per day, per pet to help us with the additional expenses; however, this is not a condition for evacuation assistance.
3. Due to limited space please do not bring non-monetary donations. Exception will be made for any dietary requirement or medication for your pet(s). If you do bring in food/medication please mark all items with your pet(s) name and your name and phone number on them.
4. Please check TCRAS website ([www.tcrascolorado.org](http://www.tcrascolorado.org)) for "Wish List" items requested for the crises.
5. While your pet(s) is staying at TCRAS you are welcome to help care for your pet(s) from the hours of 8:30 am to 11:30 am and again between 2:30 pm- 4:30 pm unless County Authorities limit access to the Shelter due to the crisis. TCRAS is co-located with other county offices and is considered a staging area. As a result, the County may restrict parking and other traffic.
6. If there are any medical or behavior (i.e. aggression, escapes & etc.) concerns we need to know about you pet(s) please let us know so we can provide proper care.
7. TCRAS will not be held liable for any pet(s) that becomes sick while staying at TCRAS.
8. Please be aware, if animal(s) are not picked up within five business days from the crises ending it will be consider **abandonment** and will become property of TCRAS and will be evaluated for adoptability.
9. For evacuation status please refer to Teller County website ([www.co.teller.co.us](http://www.co.teller.co.us))
10. For status on your pet(s), please feel free contact TCRAS by phone or email. Depending on the staffing and level of activity, we may not be immediately available, please be patient.

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## PROCEDURES FOR ANIMAL PICKUP

1. If possible, please contact TCRAS prior to pickup of your pet(s)
2. TCRAS suggests a **\$10** donation per day, per pet to help us with the additional expenses; however, this is not a condition for evacuation assistance.
3. Inspect any returned medications and food/items provided with the pet(s)
4. Inspect your pet(s) to insure they are your pet(s) and to address any concerns you might have at the time of discharge. TCRAS will not be held liable for any pet(s) that becomes sick while staying at TCRAS.

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## EVACUATED ANIMAL RELEASE FORM

I acknowledge that I am the rightful owner/agent of the following animals. I am willfully tendering my pets to the temporary care TCRAS during the \_\_\_\_\_ evacuation.

I acknowledge that TCRAS will strive to provide the best care possible to my pets, including any medical care that may be required, and release TCRAS from any liability if any pet becomes sick or dies while under care at TCRAS during this evacuation.

I acknowledge that the following pets are being provide the following known conditions (including aggressive behavior, digging, climbing, fear of other animals) and/or require specific medications or diet that I am providing to TCRAS:

	Pet 1	Pet 2	Pet 3
Pets Name			
Age			
Gender(Spayed/Neutered)			
Species (Cat/ Dog/other)			
Breed			
Color(s)			
Distinguishing Markings			
Special Diet?			
Medication?			
History of aggression? Towards: human/animals	Yes / No	Yes / No	Yes / No
Illnesses			
Special Conditions			
Current on Vaccines: Rabies and Distemper	Yes / No	Yes / No	Yes / No
Microchipped Reg to you? Microchips number	Yes / No Yes / No #	Yes / No Yes / No #	Yes / No Yes / No #

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I \_\_\_\_\_ authorize TCRAS to provide any required care, including medical care to my pets.

I acknowledge that I must notify TCRAS if I am unable to pick up the pet(s) within five business days of the end of the evacuation. If the pets are not picked up within five business days of the end of the evacuation, I relinquish all rights and ownership of the animals to TCRAS.

Printed Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Evacuation Address (if known): \_\_\_\_\_

Evacuation City, State and Zip Code (if known): \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Vet: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Authorized Person(s) for Pet(s) Return \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

For Use By TCRAS Personnel Only:

TCRAS Staff Name: \_\_\_\_\_ TCRAS Staff Initials: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Initials, Owner/Agent for pet(s): \_\_\_\_\_ (Check ID)

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Pet's name \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH ASSESSMENT

EVALUATOR \_\_\_\_\_ Evaluator signature: \_\_\_\_\_

### Vaccination Status

- Up to Date
- Vac. Due: Distemper Combo \_\_\_\_\_ Bordetella \_\_\_\_\_ Flu \_\_\_\_\_ Rabies \_\_\_\_\_ FCVR \_\_\_\_\_ Leuk \_\_\_\_\_
- Vac. Given: Distemper Combo \_\_\_\_\_ Bordetella \_\_\_\_\_ Flu \_\_\_\_\_ Rabies \_\_\_\_\_ FCVR \_\_\_\_\_ Leuk \_\_\_\_\_

#### 1. Coat & Skin

- Appears Normal
- Dull/Dry
- Scales
- Hotspot
- Allergy
- Itchy
- Shedding
- Matted
- Tumors
- Wound
- Bacterial infection
- Fleas
- Hair Loss
- Pigment

#### 2. Eyes

- Appears Normal
- Discharge: L \_\_\_\_\_ R \_\_\_\_\_
- Inflamed: L \_\_\_\_\_ R \_\_\_\_\_
- Eyelid Deformities
- Infection: L \_\_\_\_\_ R \_\_\_\_\_
- Cataract: L \_\_\_\_\_ R \_\_\_\_\_
- Lenticular Sclerosis
- Other \_\_\_\_\_

#### 3. Ears

- Appears Normal
- Inflamed
- Itchy
- Mites
- Allergy
- Tumor : L \_\_\_\_\_ R \_\_\_\_\_
- Excessive Hair
- Yeast Infect: L \_\_\_\_\_ R \_\_\_\_\_
- Bact Infect: L \_\_\_\_\_ R \_\_\_\_\_
- Wet/Moist

#### 4. Nose & Throat

- Appears Normal
- Nasal Discharge
- Sensitive Trachea
- Enlrgd Lymph Glands
- Other \_\_\_\_\_

#### 5. Mouth, Teeth, Gums

- Appears Normal
- Broken Teeth
- Tartar Buildup
- Ulcers
- Inflamed Gums
- Loose Teeth
- Pyorrhea (pus)
- Tumors

#### 6. Legs & Paws

- Appears Normal
- Lameness (LF,LH,RF,RH)
- Damaged Ligaments
- Nails Too Long
- Joint Problems
- Foot/Hair Discolored

#### 7. Heart

- Appears Normal
- Murmur
- Slow

#### 8. Abdomen

- Appears Normal
- Enlarged Organs
- Fluid
- Abnormal Mass
- Diarrhea
- Other \_\_\_\_\_

#### 9. Lungs

- Appears Normal
- Abnormal Sound
- Coughing
- Congestion
- Breathing Difficulty
- Rapid Respiration
- Other \_\_\_\_\_

#### 10. Gastrointestinal

- Appears Normal
- Excessive Gas
- Vomiting Problem
- Anorexia (appetite)
- Abnormal Feces
- Diarrhea
- Other \_\_\_\_\_

#### 11. Urogenital

- Appears Normal
- Abnormal Urination
- Genital Discharge
- Abnormal Testicles
- Recommend Neuter
- Mammary Tumors
- Anal Sacs

#### 12. Weight

- Normal Range
- Body Condition Score \_\_\_\_/9
- Thin by \_\_\_\_\_ lbs
- Other \_\_\_\_\_