



Bartram Trail
Veterinary Hospital

Emergency Boarding Release

The undersigned owner(s) (agent) of the animal(s) described as follows,

Name of animal _____ Breed _____

Description _____

hereby request the emergency quartering of these animals being evacuated because of a pending or occurring disaster. The animal owners (agents) hereby release the receiving property owners and caregivers from any and all liability regarding quartering of these animals during and following this emergency. Additional relocation may be necessary, and this release is intended to extend to such a relocation.

The animal owners (agents) acknowledge that the risk of injury or death to these animals during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animals. It is also requested that the animal owners (agents) contribute to the feeding and daily care of their pet(s), if possible.

The cost, if any, of returning these animals after the emergency will be at the owners'(agents') expense. If an animal is not claimed within thirty (30) days, unless prior arrangements have been made, the animal owner will be notified of possible adoption or relocation.

Printed Name of Animal Owner (Agent)

Signed Name of Animal Owner (Agent)

Address of Animal Owner (Agent)

Home phone

Cell phone

Place of Employment

Work Phone

Address to which Owner (Agent) plans to evacuate to during the emergency:

Phone #

It is the responsibility of the animal owner (agent) to keep Bartram Trail Veterinary Hospital aware of where the animal owner (agent) can be contacted following the emergency.

Receiving Property:
Bartram Trail Veterinary Hospital
6751 State Road 16 St. Augustine, FL 32092
Phone: (904)940-065