PRE-REGISTER FOR ANIMAL(S) FOR EVACUATIONS

LACT								
LAST	NAME							
OW	NER							
First Name			Street Address (Gate Code, if any)			City/State/Zip		
Work Phone			Cell Phone			Email Address		
	D CONDITIONS	•						
Anim	al(s) Location/Direct	ions: (include cros	s streets, landmarks and ar	nimal(s) locati	on on prop	perty)		
ANI	MALS TO BE AS	SISTED						
#	NAME	SPECIES	BREED	SEX	COLO	R SIZE	AGGRESSIVE Y/N	CONFINED Y/N
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	al Requirement		ns, Diet, etc.)					
PER	MISSION TO AS							
	I do not hold the v I understand E.T.A from happening. I do not hold the v	olunteers liable if will make every olunteers liable fo	ation Workers to enter my they are not able to save sa effort to respond and provi or any damage done to my p ims for injury or loss of my	aid animal(s) a ide care, but c property while	as requesto ircumstano e attempti	ed. ces beyond ou ng to assist sai	r control may imp d animals.	

Signature

Driver's License #

Please complete form and scan or download and attach to email <u>evacuationteamsofamador@gmail.com</u> or print it to mail to E.T.A. Evacuation Teams of Amador, P.O. 12, Jackson, Ca 95642.



PRE-REGISTER FOR ANIMAL(S) FOR EVACUATIONS PHOTOS

Attach labeled photos of your animals to make identification easier or scan photos and attach to email. If mailing into our PO Box please also include photos with names so we may scan and input in our database.