



Companion Hurricane Shelter Pre-Registration Carteret County



Complete Name of Adult Applicant: _____

Home Address: _____

Mail if Different: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Next Of Kin:
Name/Relation: _____ Address: _____ Phone: _____

Email Address: _____

Family Members: _____ age _____ ID _____
 _____ age _____ ID _____
 _____ age _____ ID _____
 _____ age _____ ID _____
 _____ age _____ ID _____
 _____ age _____ ID _____

Pet Information

Name	Cat/Dog	M/F	Age	Spayed/Neutered	Rabies Tag #	Description/Markings/Breed	Vet Name

Pet Medications/Dietary/Other

Name From Above	Special Needs/Condition	Medication or Dietary Supplement	Times per day dosage	Crate Dimensions	Access Panel Location

In the event of an evacuation do you have transportation to a shelter? YES NO

Signature: _____ Date: _____ Volunteer Signature: _____