

EMERGENCY EVACUATION INFORMATION

Please read through this information carefully. Providing us with detailed and accurate information will enable us to provide you the highest level of service possible.

Information in this packet includes:

1. Emergency Stabling of Animals
2. Animal Intake Information Sheet
3. Animal Information Sheet(s)
4. Animal Liability Release
5. Stable Map of all Backside Barns
6. Animal Stall Form

PLEASE NOTE: All animal owners are responsible for providing their own feed and straw or shavings.

Contact information:



1350 Bennett Valley Road, Santa Rosa, CA | (707) 545-4200

EMERGENCY STABLING OF ANIMALS

This is the information you need for stabling of your animals at the fairgrounds:

- Begin FILLING OUT THE EMERGENCY INFORMATION SHEET as soon as possible
- STAY IN LINE: You will be directed where to unload and assigned a stall(s) as soon as possible.
- ID YOUR ANIMALS! It is imperative that your animal has some form of I.D. on it. We recommend you write your phone number on the animal. If applicable leave the halter on as animals do sometimes get out of the stalls.
- COMPLETE THE EMERGENCY INFORMATION SHEET WITH CORRECT BARN LETTER & STALL NUMBER. The stall number will be directly above the door of the stall. The barn letter is at the end of each barn row.
- ATTACH THE CARE OF ANIMAL FORM TO THE STALL – please be sure to update this form daily as it is the only way we know your animal is being cared for. One form for each stall used. Extra copies are available as needed.
- REMOVE YOUR TRAILER to the designated parking area AS SOON AS POSSIBLE to allow others to unload.
- TURN IN THE EMERGENCY INFORMATION SHEET Fairgrounds personnel BEFORE leaving the grounds.

IT IS YOUR RESPONSIBILITY TO CARE FOR OR MAKE ARRANGEMENTS FOR THE CARE OF ANIMALS STABLED AT THE FAIRGROUNDS.

We are here to assist you and appreciate your cooperation and patience as we endeavor to do so.



1350 Bennett Valley Road, Santa Rosa, CA | (707) 545-4200

ANIMAL INTAKE INFORMATION SHEET

OFFICE ONLY

LAST _____ FIRST _____

DATE CHECKED IN _____ Barn/Stall _____

VET INTAKE INSPECTION _____

Owner Information

Last Name _____ First Name _____

Street Address _____

City _____ Zip _____

Home Phone _____ Cell _____

Email Address _____

If animal found, location? _____

Finders Name _____ Finders Phone # _____

Hauler Information (if other than owner)

Name _____ Phone # _____

In Case of Emergency

Name _____ Phone # _____

Veterinarian Information

Vet Name _____ Phone # _____

Note: Please complete next page for individual animal information

Animal Care Responsibility

Will you be staying on site to care for your animal? Yes / No

Will you be staying off-site but coming morning and evening to feed and care for your animal? Yes / No

Are you unable to care for your animal and need the assistance of volunteers? Yes / No

Once the disaster is over will you need foster care? Yes / No

PLEASE FILL OUT THIS INFORMATION AND TURN IT INTO FAIRGROUNDS PERSONNEL ONCE YOUR ANIMAL(S) HAVE BEEN UNLOADED INTO THEIR ASSIGNED STALLS. BEFORE YOUR ANIMALS LEAVE THE GROUNDS, PLEASE SEE FAIRGROUNDS PERSONNEL WHERE YOU WILL RECEIVE THE REQUIRED PAPERWORK TO SHOW TO THE PERSONNEL FOR CHECKOUT. THEY REQUIRE THIS INFORMATION TO ENSURE THAT ALL ANIMALS STABLED HERE LEAVE WITH THEIR RIGHTFUL OWNER.

IT IS THE OWNER'S RESPONSIBILITY TO CARE FOR OR MAKE ARRANGEMENTS FOR THE CARE OF THEIR ANIMALS.

PLEASE DO NOT MOVE YOUR ANIMAL FROM YOUR ASSIGNED STALL UNLESS AUTHORIZED BY FAIRGROUNDS PERSONNEL.

OFFICE ONLY: ANIMAL RELEASE INFORMATION

DATE _____ TIME _____

Who is removing owner/hauler _____

If hauler name & phone _____

Vet sign-off _____



Animal Information Sheet

Owner _____

Barn: _____

Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		

Animal Information Sheet

Owner _____

Barn: _____

Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		
Stall #	Animal Name	Specie/Breed	Color/Markings	Age	Sex	ID
Behavior Issues?		Special Dietary Needs?	Medical Needs?	Other:		

**EMERGENCY ANIMAL SHELTER
ANIMAL LIABILITY RELEASE FORM**

Owner Name: _____

Address: _____

Phone: _____ Cell Phone / Other: _____

Other Responsible Party Name: _____

Phone: _____ Cell Phone / Other: _____

Owners Preferred Vet Name: _____

Address: _____ Phone _____

Name of Animal: _____ Species: _____

Breed: _____ Color: _____ Weight: _____

Age: _____ Spayed/Neutered: (circle one) Yes / No

Indemnification: Owner agrees to accept all responsibility for loss, damage and injury to sheltered animal(s) of owner that may occur to owner's animals or person as a result of housing owner's animals at the Sonoma County Fairgrounds during this evacuation. Additionally Owner agrees to indemnify, hold harmless and release the Sonoma County Fair, the County of Sonoma, their officers, agents and employees as well as the Sonoma County Horse Council and all evacuation volunteers (Caregiver) from and against any actions, claims, damages, liabilities, disabilities or expense that may be asserted by any person or entity, including owner, that arise out of, pertain to or relate to Owners' sheltering of animals at the Sonoma County Fairgrounds. Owner hereby requests Caregiver to provide temporary stabling or kenneling for the animal listed above, and caregiver is able to move transport or evacuate said animal if necessary when owner is not present. Owner is responsible for all feeding and bedding of animal(s), cleaning of the stall(s) and kennel(s) unless other arrangements have been made with Caregiver. All feed and bedding provided to owner's animal(s) is at the expense of the owner and must be paid for prior to owner taking the animal from the shelter.

If the animal becomes ill while under the care of the Caregiver and owner cannot be reached, the on-site veterinarian, (if available) has owner's approval to authorize Caregiver to approve any emergency treatment recommended by said veterinarian. Owner further agrees to promptly reimburse Caregiver or veterinarian for any expenses incurred for any medical treatment or emergency care. Additionally Owner agrees to indemnify, per the above indemnification clause any consequence from Caregiver or veterinarian's actions regarding the injured animal.

Owner authorizes Caregiver to approve emergency quartering of the pet (i.e. alternative animal emergency shelter) if being evacuated because of a pending or occurring disaster.

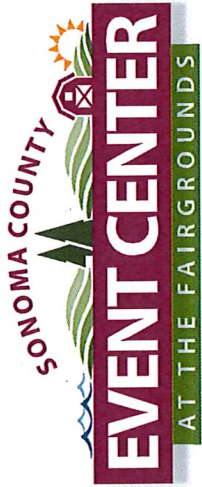
Owner releases Caregiver from all liability and costs related to the care, transportation, treatment, boarding, or expenses, resulting from the emergency / disaster sheltering and care, or any special needs for the animal as determined by Caregiver.

Signature of Owner

Date

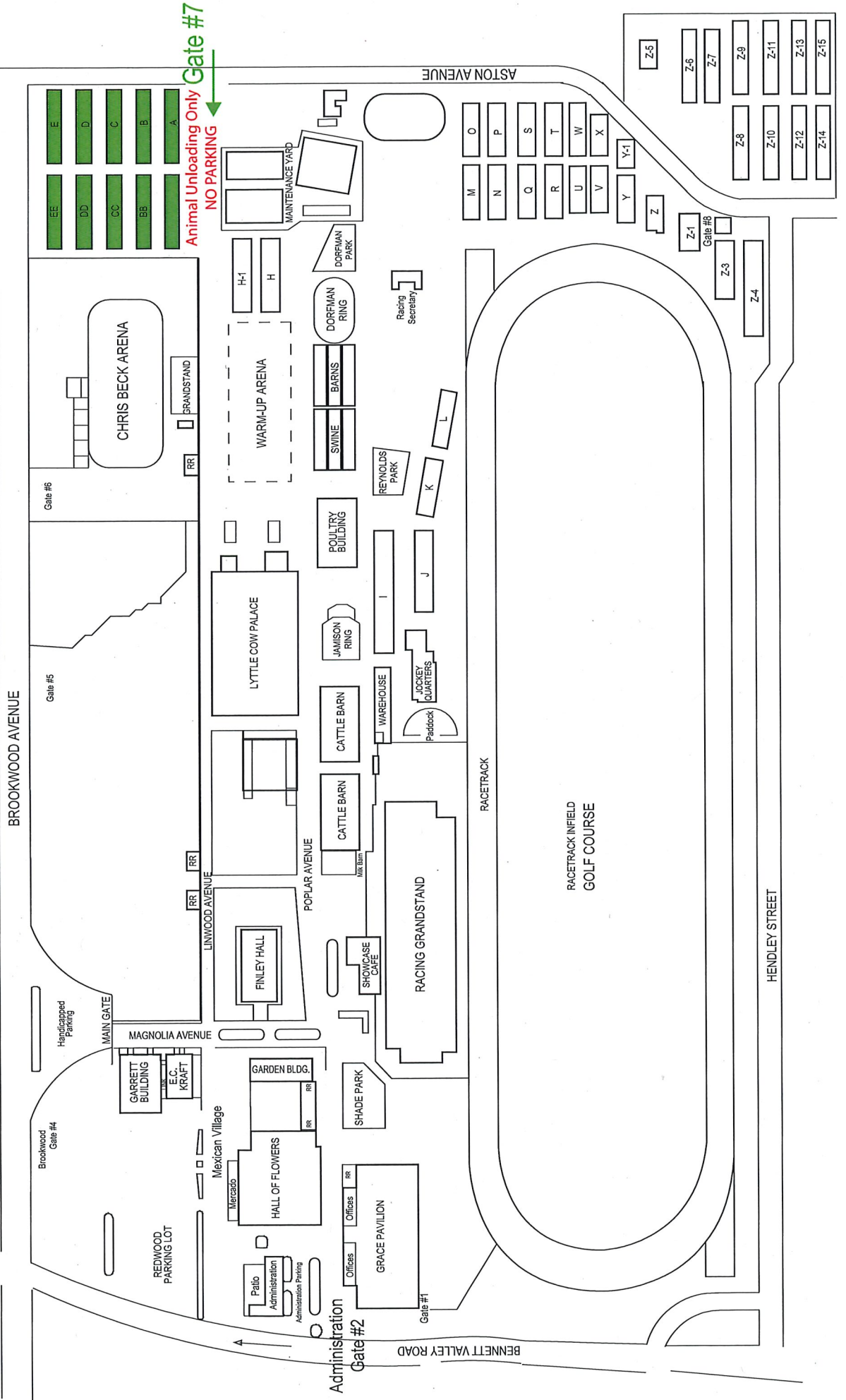
Printed Name of Owner





**Enter through Gate 7 and follow signs.
Trailer Parking to be determined.
Please check with Fairgrounds personnel.**

1350 Bennett Valley Road Santa Rosa, California 95404 707-545-4200



ANIMAL STALL FORM

Owner Name _____ Barn _____ Stall _____
 Phone # _____ Alt. Phone # _____
 Animal Name _____ Admission Date _____
 Specie _____ Breed/Color _____ Microchip _____
 Age _____ Sex: M / F / Cast. Addl Information _____

Vet Check <input type="checkbox"/> Date: _____	Problem _____	DVM _____
------------------------------------------------	---------------	-----------

INSTRUCTIONS:	DATE:				
Feed: _____ AM: _____ PM: _____	AM: _____ PM: _____ Appetite + / -	AM: _____ PM: _____ Appetite + / -	AM: _____ PM: _____ Appetite + / -	AM: _____ PM: _____ Appetite + / -	AM: _____ PM: _____ Appetite + / -
Water Circle Amount Added	AM: 0 – ½ - Full PM: 0 – ½ - Full	AM: 0 – ½ - Full PM: 0 – ½ - Full	AM: 0 – ½ - Full PM: 0 – ½ - Full	AM: 0 – ½ - Full PM: 0 – ½ - Full	AM: 0 – ½ - Full PM: 0 – ½ - Full
Exercise: Yes/ No Hand walk / Turn out					
Manure Circle number of piles	AM: 0 1 2 3 + normal / loose P: 0 1 2 3 + Normal / loose	AM: 0 1 2 3 + normal / loose P: 0 1 2 3 + Normal / loose	AM: 0 1 2 3 + normal / loose P: 0 1 2 3 + Normal / loose	AM: 0 1 2 3 + normal / loose P: 0 1 2 3 + Normal / loose	AM: 0 1 2 3 + normal / loose P: 0 1 2 3 + Normal / loose
Treatments:					
1.					
2.					
3.					
4.					
*VOLUNTEER INITIAL	AM: _____ PM: _____	AM: _____ PM: _____	AM: _____ PM: _____	AM: _____ PM: _____	AM: _____ PM: _____

COMPLETE THIS FORM DAILY

It is important that you complete this form daily as it is the only way we know the animal is being cared for.

TAPE THIS FORM TO STALL DOOR

Extra forms available at Check-In or the Administration Office located on Bennett Valley Road, Gate 2.