Fort Bend County, Texas
Household Pet Mass Care and Shelter
Standard Operating Guidelines
August 1, 2018
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# Planning Standards

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Operations performed under this Standard Operating Guideline will be NIMS compliant.</td>
</tr>
<tr>
<td>2.</td>
<td>Situational awareness of the status, needs, and capacity of household pet sheltering operations will be provided to Incident Command.</td>
</tr>
<tr>
<td>3.</td>
<td>Emergency household pet sheltering will employ biosecurity approaches focused on limiting development and spread of infectious diseases in sheltered animals.</td>
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<tr>
<td>4.</td>
<td>Emergency household pet sheltering will be performed in a manner that preserves animal health, well-being, and welfare.</td>
</tr>
<tr>
<td>5.</td>
<td>Emergency household pet sheltering will be performed in a manner consistent with maintaining continuity of animal ownership.</td>
</tr>
<tr>
<td>7.</td>
<td>Emergency household pet sheltering capacity will be determined and provided to Incident Command.</td>
</tr>
<tr>
<td>8.</td>
<td>This document will identify the mechanisms for acquisition of resources from local and regional resources</td>
</tr>
<tr>
<td>9.</td>
<td>This document will identify the mechanism for acquisition of resources that cannot be procured through local or regional resources</td>
</tr>
<tr>
<td>10.</td>
<td>Emergency household pet sheltering operations will provide for the safety and well-being of personnel performing animal sheltering, owners, and sheltered animals</td>
</tr>
<tr>
<td>11.</td>
<td>Emergency household pet sheltering will be performed in a manner consistent with financial accountability standards of Fort Bend County, Texas.</td>
</tr>
<tr>
<td>12.</td>
<td>Communications involving household pet issues will be managed through the incident Public Information Officer.</td>
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<tr>
<td>13.</td>
<td>Emergency household pet sheltering plans will accommodate admittance of service and emotional assistance animals in mass care and shelter facilities for humans.</td>
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<tr>
<td>14.</td>
<td>Emergency household pet sheltering plans will accommodate human mass care and shelter facilities electing to provide co-located pet sheltering for animals belonging to emergency shelter residents.</td>
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General

Emergency sheltering for household pets belonging to residents of Fort Bend County, Texas will be performed as an integrated component of overall emergency response operations. Emergency household pet sheltering will be initiated by order of the Fort Bend County Judge or their designee.

Purpose, Scope, Situation, Assumptions, and Limitations

Intended Audience
This document is written for personnel participating in providing for the mass care and shelter of household pets during declared emergency and disaster incidents.

Purpose
The purpose of this document is to provide guidance for providing for mass care and shelter of household pets and service and emotional support animals during declared emergency and disaster incidents in Fort Bend County, Texas.

Scope
Emergency mass care and shelter will be provided for household pets and service and emotional support animals as defined in FEMA Disaster Assistance Policy 9523.19.

Situation

Hazards
- Hurricane
- Flood
- Fire
- Drought/heat
- Tornado
- Winter storm
- Hazardous materials

Animal Populations
A variety of species of animals reside in Fort Bend County, Texas and may require mass care and shelter during emergency and disaster situations. The estimated population of household pets in Fort Bend County, Texas as predicted by the AVMA Pet Calculator is provided below.
- Dogs: 166,440
- Cats: 181,830
- Exotics: 20,235

The numbers provided above are the total predicted household pet population. Recent history supports emergency household pet sheltering requirements at approximately 250-300 animals. This includes household pets that may have been provided shelter in co-located sheltering facilities.
Personnel
Fort Bend County Animal Services will provide staffing for emergency household pet sheltering performed at non-co-located emergency household pet shelters. Staffing for Fort Bend County Animal Services will be through Fort Bend County employees and the shelter’s volunteers.

Resources
Fort Bend County Animal Services will provide all required supplies for emergency household pet sheltering performed at the Fort Bend County Animal Services shelter facility.

Fort Bend County Animal Services has a limited number of kennels and ancillary supplies to support emergency household pet sheltering performed at the Fort Bend County, Texas Fairgrounds facility. Additional resources will be required if the Fort Bend County Animal Services shelter facility is not available or if household pet sheltering needs exceed the capacity of the shelter facility.

Fort Bend County Animal Service will support sheltering of service and emotional support animals at human shelter facilities through provision of supplies upon request.

Fort Bend County Animal Service will support sheltering of household pets at human shelters electing to provide for co-located sheltering of shelter resident owned animals through provision of supplies upon request.

Facilities
The primary emergency household pet shelter facility is:

Fort Bend County Animal Services
1210 Blume Road
Rosenberg, Texas 77471
281-342-1512
Point of Contact: Rene Vasquez, FBC Director of Animal Services

The secondary emergency household pet shelter facility is:

Fort Bend County Fairgrounds
4310 TX 36, Rosenberg, Texas 77471
832.471.1803
Point of Contact: Mary Staff, FBC Fairgrounds Manager
Assumptions
The primary or secondary emergency household pet shelter facility will be undamaged and available for emergency household pet sheltering operations.

Required personnel will be available for emergency household pet sheltering operations.

Resource shortfalls will be obtained through local procurement or from regional, state, or federal sources.

Veterinary medical support will be available from local, regional, or state resources.

Sheltering resources, kennels, bowls, litter boxes, etc, will be provided by owners or available from local, regional, or state resources.

Local veterinary medical resources will be available for animals whose injuries or health conditions preclude admission to the Fort Bend County emergency animal shelter.

The Fort Bend County emergency animal shelter will remain in operation for a maximum of five days.

Animals that are not retrieved by their owners at the end of emergency shelter operations will be handled as per existing Fort Bend County, Texas stray animal ordinances.

The Fort Bend County, Tx. Animal Services will provide quarantine of rabies suspects and those animals involved in bite incidents.

Dog kennels are assumed to average a size of 36”x24”. This size of kennel is appropriate for a medium-sized dog (40-50 lbs.).

The average feline kennel size is estimated at 24” x 24”. This size kennel is appropriate for a medium size cat.

Exotic pet housing will be of variable sizes and must be provided by owners.

Limitations
The Fort Bend County emergency animal shelter is limited to animals requiring limited veterinary medical support.

Emergency animal sheltering will only be provided by Fort Bend County if the animal can be safely and humanely sheltered at the identified facilities.

Emergency household pet sheltering capacity will be diminished if resident animals inhabiting the Fort Bend County Animal Services facility cannot be transferred to non-impacted animal shelter organizations.
Organization

The Organization Chart depicted below is intended to demonstrate the position of animal-related functions. See the Fort Bend County, Texas Emergency Operations Plan for the complete organization chart.
Activation

The Fort Bend County Office of Emergency Management (OEM) will notify Fort Bend County Animal Services of the need for emergency household pet sheltering.

- OEM will notify Animal Services during Readiness Level 3 if an increased risk for household pet sheltering is anticipated.
- OEM will notify Animal Services when emergency household pet sheltering is to start.
- OEM will provide a briefing of the emergency or disaster situation to include anticipated emergency household pet sheltering requirements.

Fort Bend County Animal Services will notify all employees of emergency household pet sheltering operations and develop a staffing roster consistent with the emergency incident.

Fort Bend County Animal Services will complete an emergency household pet shelter capacity determination and report to the Emergency Operations Center.
Overview

Emergency Human Mass Care and Shelter facilities are required by statute to provide for sheltering of service and emotional support animals belonging to citizens presenting for emergency shelter. Shelter conditions must maintain the animal’s ability to support their owner throughout the duration of their stay in the emergency shelter.

Emergency human mass care and shelter facilities may elect to provide co-located sheltering of household pets.

Fort Bend County, Texas will support sheltering of service and emotional support animals and household pets through provision of resources upon request and as available.

Reporting

Emergency human mass care and shelter facilities will provide the following animal-related information in daily situational reports.

- Number of service and emotional support animals
- Number of household pets receiving co-located sheltering
- Unmet animal-related needs

The Situation Report form is provided as Attachment 2.
Concept of Operations
Emergency Household Pet Shelter

Readiness Levels

Readiness Level 4 – Normal Operations.

2. Perform annual emergency household pet shelter exercise.

Readiness Level 3 – Increased Readiness.

1. Convene a meeting of the emergency household pet sheltering sub-committee.
2. Review the personnel contact list for accuracy.
3. Perform pre-event facility and equipment inspection (form attached as Attachment 1).
4. Perform or complete any required remedial measures to emergency household pet shelter resources.
6. Confirm availability of personnel, volunteers, facilities and equipment.
7. Communicate with provider of secondary emergency animal sheltering facility.
8. Develop a plan for transferring resident animals to non-impacted animal shelter organizations.

Readiness Level 2- High Readiness.

1. Test communications among emergency animal sheltering operations staff.
2. Confirm availability and operational status of required resources and personnel.
3. Confirm availability of critical personnel.
4. Receive briefing on emergency situation.
5. Stage necessary resources.
6. Initiate transferring of resident animals to non-impacted animal shelter organizations.

Readiness Level 1 – Maximum Readiness.

1. Test communications among emergency animal sheltering operations staff.
2. Deploy necessary resources to shelter location.
Capacity Determination

The emergency household pet shelter capacity will be calculated at the beginning of emergency operations and repeated on a daily basis. Capacity determination analysis will be provided in daily situational reports.

<table>
<thead>
<tr>
<th>Fort Bend County Animal Services Facility</th>
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<tbody>
<tr>
<td><strong>A. Facility:</strong> Maximum capacity when the Animal Services Shelter is not damaged by the incident is:</td>
</tr>
<tr>
<td><strong>B. Resident household pet census</strong></td>
</tr>
<tr>
<td><strong>C. Total Fort Bend Animal Services facility based capacity</strong> Subtract from row B from row A</td>
</tr>
<tr>
<td><strong>Fort Bend County Fairgrounds (The fairgrounds capacity is based on the number of kennels that can be set up.)</strong></td>
</tr>
<tr>
<td><strong>D. Number of available kennels</strong></td>
</tr>
<tr>
<td><strong>E. Total facility based capacity</strong> Add rows C and D</td>
</tr>
<tr>
<td><strong>Personnel</strong></td>
</tr>
<tr>
<td><strong>F. Animal care</strong> (1 trained personnel can provide care for 25 animals per day.)</td>
</tr>
<tr>
<td>Requested and receive 200 kennels and ancillary supplies from the Texas Division of Emergency Management</td>
</tr>
</tbody>
</table>

Reporting

The Situational Report form is to be completed and submitted according to the schedule provided by the Fort Bend County Office of Emergency Management.

The purpose of the Situational Report is to provide Incident Command with real-time information on the status of household pet sheltering operations in Fort Bend County, Texas. The Situation Report Form is provided as Attachment 2.
Establishing the Emergency Household Pet Shelter

Fort Bend County, Texas Animal Services Facility

1. The Fort Bend County Animal Services Facility is a purpose-built structure designed for sheltering household pets and does not require changes in the facility structure to function in emergency situations.
2. The Fort Bend County Animal Services Facility will attempt to transfer resident animals that are beyond required hold periods to non-impacted animal shelter organizations when notified to move to Readiness Level 3 or when no-notice incidents are anticipated to result in emergency animal sheltering requirements exceeding the shelter’s available capacity.

Fort Bend County Fairgrounds

The Fort Bend County Fairgrounds will serve as the facility for household pet sheltering under the following scenarios.

1. Fort Bend County Animal Service Shelter facility is damaged and not available for use as an emergency household pet shelter.
2. Emergency household pet sheltering needs exceed available capacity at the Fort Bend County Animal Services Shelter facility.

Activation of Emergency Household Pet Sheltering at Fort Bend County Fairgrounds

1. The Fort Bend County Animal Services Director will notify Fort Bend County AgriLife Extension of the need to perform emergency household pet sheltering operations at the Fort Bend County Fairgrounds facility George Pavilion.
2. Fort Bend County AgriLife Extension will inform the Fort Bend County Animal Services Director of the availability of swine/small ruminant pens for emergency household pet sheltering.
3. Fort Bend County Animal Services Director will initiate loading and transport of kennels, ancillary supplies, and computing resources to the Fort Bend County Fairgrounds facility.
4. The specific location of emergency household pet sheltering under the George Pavilion will be dependent on the presence of show livestock emergency sheltering operations and emergency veterinary medical operations.
5. A diagram of the Fort Bend County Fairgrounds facility is provided below.
Overview of Fort Bend County Fairgrounds
1. Traffic flow for delivery and pick up of household pets will be from West Fairgrounds Road to Gate 12 on Stella Road then exit through Gate 13.
2. Signage will be appropriately placed to direct traffic to the desired route and prevent entry of traffic to remainder of fairground property.
3. Law enforcement officers will be assigned to direct traffic in the absence of signage.
George Pavillion
The following operational areas may be present under George Pavillion

1. Show Livestock Shelter
   a. Admissions
   b. Show livestock containment
   c. Show livestock decontamination
2. Household Pet Shelter
   a. Household Pet Admissions
   b. Household Pet decontamination
   c. Household Pet housing
3. Veterinary Medical Operations
4. First responder rest area

Household Pet Shelter Operational Area Requirements

1. Admissions
   a. Desk and chairs
   b. Electricity
   c. Wi-Fi access
2. Household Pet decontamination (located at wash racks)
   a. Donning and doffing area (may be required)
   b. Household pet holding area
   c. Decontamination area
3. Household Pet housing
   a. Kennels (primary containment)
   b. Secondary containment
   c. Food and supply storage area
   d. Household pet walking areas
   e. Separate canine and feline areas
Acquisition of Resources

Acquisition of resources required exceeding current inventory of Fort Bend County Animal Services will be through the following mechanisms.

1. Local procurement from existing vendors
2. Acquisition from regional jurisdictions through existing mutual aid agreements
3. Submission of a State of Texas Assistance Request (STAR) to the State Emergency Operations Center. An example STAR request for household pet sheltering supplies is provided as Attachment 3.

Data Management

1. Information management will be performed with the Fort Bend County Animal Services Chameleon Shelter Management Program
2. Chameleon job aid and description are provided in Attachment 4.
3. If internet access is not available, Fort Bend County Animal Services back-up paper forms will be used. All forms are provided in Attachment 5.

Admissions

Pre-incident Admissions

Admission of household pets being provided emergency shelter will be performed as per existing Fort Bend County Animal Service protocols.

1. This includes photographing each animal and documenting ownership or place of rescue.
   a. Animal is sideways and picture includes the feet and tail
   b. Person holding animal does not block the view of the body of animal
   c. Picture is properly lit and animal can easily be seen
2. Medications being presented with the animals will be handled as described in the Provision of Care section.

Post-incident Admissions

1. Household pets admitted during or after an incident occurs will be admitted as follows.
2. Animals will be decontaminated and evaluated as part of the admissions process.
   a. Decontamination and medical evaluation will be performed at one of the locations described below.
      i. Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
      ii. Fort Bend County Animal Services facility
3. Remainder of admissions process will be performed as per existing Fort Bend County Animal Service protocols. This includes photographing each animal and documenting ownership or place of rescue.
4. Medications being presented with the animals will be handled as described in the Provision of Care section.
Found/Rescued Animals

1. Animals will be decontaminated and evaluated as part of the admissions process.
   a. Decontamination and medical evaluation will be performed at one of the locations described below.
      i. Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
      ii. Fort Bend County Animal Services facility

2. It is the goal of Fort Bend County Animal Services to return all strays entering the Shelter to their owners and to provide assistance to those who have lost pets or to individuals who have found animals. Fort Bend County Animal Services shelter defines reasonable attempts to contact the owner as:
   a. checking lost reports;
   b. checking found reports;
   c. checking newspaper ads
   d. listing the animal on the fortbendcountypets.com website.
   e. If the owner is known, reasonable attempts include phone calls and impound notice (See Appendix A of FBCAS Policies and Procedures Manual) left on door of the last known address.

Triage and Risk Classification

Triage and risk classifications will be performed as per existing Fort Bend County Animal Services protocols

Provision of Care

1. Provision of care for household pets being provided emergency shelter will be performed as per existing Fort Bend County Animal Service protocols
   a. Animals whose owners are present will be cared for by their owners.
   b. Fort Bend County Animal Services will ensure that animals being cared for by their owners are cared for in a manner consistent with Fort Bend County Animal Service protocols.
   c. Fort Bend County Animal Services will provide for care of household pets whose owners are not present

2. Owned animals who present with medication will be handled as follows:
   a. Non-controlled medications will remain with the owner and be administered by the owner to the extent of owner capability.
   b. Controlled medications will be appropriately labelled and stored in the facility lock-box. Administration of controlled medications will be administered by the owner to the extent of owner capability.

3. Veterinary medical support for household pets being provided emergency shelter will be provided by:
   a. Fort Bend County Animal Services Staff Veterinarian or
   b. Veterinary medical operations located at the Fort Bend County Fairgrounds.
Euthanasia

Owned animals

1. Euthanasia of severely injured or ill owned animals will be handled as per existing veterinarian/client relationships.

Stray or Found animals

1. In the event that an owner cannot be contacted, Fort Bend County Animal Services may declare the animal a “ward” of the county and authorize euthanasia. This will only be performed if compromised animal welfare cannot be mitigated.
   a. A checklist for euthanasia is compiled and is used to check against lost reports of animals on file.
   b. Chameleon records for animals on the checklist are printed and are attached to the checklist.
   c. The checklist with any file attachments is given to the Director, Assistant Director or ACO2 for final approval.
   d. The staff person performing the euthanasia ensures that the animal is checked against lost reports, adoption applications, special holds, etc., to ensure proper documentation prior to the animal being euthanized.
   e. On the kennel card printed from the Chameleon record, “EU” will be written and circled by the Director, Assistant Director or ACO2 with the date of euthanasia and their complete signature below the date. Under no circumstances is an animal to be euthanized without this exact signed and dated information on the paperwork.
Euthanasia Procedure
1. Using established guidelines, once the Director, Assistant Director, Community Involvement Coordinator or ACO2 has determined which animals sheltered at the Fort Bend County Animal Shelter will be euthanized, the following steps are followed without fail:
   a. A hard copy of the kennel card is printed from Chameleon of the animal to be euthanized.
   b. The hold date on the kennel card of that animal is checked to make sure that the current date is past the hold date on the kennel card.
   c. The animal is re-scanned for a microchip.
   d. Confirm that there is no owner information listed on the kennel card.
   e. Check Chameleon to make sure no holds – foster, rescue or adoption are noted.
   f. Make sure the description on the card and picture attached to the kennel card matches the animal in the cage.
   g. The Director, Assistant Director or ACO2 and have noted the hard copy of the kennel card with “EU” circled with a date and full signature.
   h. Go to Euthanasia room with the animal. Only one animal at a time should be in the Euthanasia room.
   i. Check that all steps detailed on the laminated Pre-Euthanasia checklist sign on the wall have been followed before performing euthanasia.
   j. Make sure that an employee certified for euthanasia will perform the procedure according to DHS protocol.
   k. Stay with the animal until death is determined.
   l. After death, put animal in the appropriate plastic bag.
   m. Unless animal shelter personnel are going directly to landfill, animal’s body should be put into walk in freezer until it is taken to landfill.

Biosecurity
Biosecurity will be performed as per existing Fort Bend County Animal Services protocols.

Safety and Security

Fort Bend County Animal Services facility
Safety and security will be addressed as per existing Fort Bend County Animal Services protocols.

Fort Bend County Fairgrounds
1. Ingress and egress will be through a single point as described in the “Establishing the Emergency Household Pet Shelter” section above.
2. Security will be provided by the law enforcement section for the duration of emergency household pet sheltering operations
3. Kennels will remain latched when household pets are not being provided care and visitation by owners.
Discharge of Household Pets

1. Domestic animals housed at Fort Bend County Animal Services facility leave in one of the following ways:
   - Returned to owner (redemption)
   - Fostered until adoption
   - Adopted
   - Transferred to another agency or organization
   - Transferred to rehabilitation
   - Humanely euthanized if all other options are exhausted

2. Discharge of household pets will be performed as per existing Fort Bend County Animal Services protocols.
   a. Proof of Ownership
      i. The mission is to GET THE ANIMAL HOME. Therefore the following guidelines have been put into place. Proof of ownership can be determined in many ways:
         1. ID tag, rabies tags, license tags or microchip
         2. Veterinary records
         3. Pictures
         4. Bill of sale
         5. Registration papers
      ii. If the above are lacking, take into consideration:
         1. Where the animal was lost compared to where found
         2. Zip code
         3. Description
         4. Coordinating dates
         5. How the animal reacts to the person
         6. Neighbors’ identification
   b. Properly discharge animal out of Chameleon database

3. Unclaimed animals will be held at the FBC Animal Services Shelter
   a. Three day period for the owner reclaim a lost pet.
   b. Animals with an ID or that are well groomed and healthy appearing, i.e. appear to have been recently cared for by an owner, are held for a minimum of 10 days.
   c.

4. Fort Bend County may elect to extend normal “hold periods”.

Mortuary Management

Disposition of household pets that are euthanized or die will be handled as per existing Fort Bend County Animal Services protocols.
Attachment 1: Facility Inspection Form

Name of Facility: ________________________________________________________________

Facility Representative: _________________________________________________________

Household Pet Shelter Representative: ____________________________________________

Date:___________________________  Time: _________________________

Household Pet Shelter Areas

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<tr>
<th>Area</th>
<th>Comments</th>
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## Attachment 2: Situation Report

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<tr>
<th>Incident:</th>
<th>Date:</th>
<th>Time:</th>
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<thead>
<tr>
<th>Household Pet Shelter Facility:</th>
<th>co-located?</th>
<th>yes/no</th>
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<tr>
<th>Total Household Pet, Service Animal, &amp; Emotional Support Animal Capacity:</th>
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<tr>
<th>Number of Service Animals</th>
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<tr>
<th>Number of Emotional Support Animals:</th>
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<thead>
<tr>
<th>Number of Household Pets:</th>
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<table>
<thead>
<tr>
<th>Remaining Capacity</th>
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### Unmet Needs/Resource Requests

<table>
<thead>
<tr>
<th>Description</th>
<th>Number requested</th>
<th>Required Date</th>
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Prepared By:
Attachment 3: Shelter Support STAR
Attachment 4: Chameleon Job Aid

The Person Window

The person window is one of the key components of the Chameleon program, many tasks and procedures throughout the system will require one. Now even though this is a key component of the system it is important to remember that most, if not all, tasks will not begin from this window. You will normally POPUP from a Person ID field located on windows such as Kennel, Activity, Tag/Link, etc. This is an example of how to FIND or create a record in the Person Window.

1. Clear the Window, press CLEAR.
2. Begin in the LAST NAME field. Input the persons last name then tab to the FIRST NAME field and input the person’s first name. Press FIND, if there are any matches they will be displayed on the screen and/or in the listbox. If the person in questions already has a record in the database no further action is required. If they do not have a record or you wish to change any information of the existing record, proceed to the next step.
3. Tab to the DOB field. This field is optional only enter it if the procedure you are performing requires the persons date of birth
4. Tab to the STATUS field. This is an optional description field. If you want to identify this person as someone other than the normal client POPUP and choose the correct value.
5. Tab to the NUMBER field. This is the first of the following 10 addresses fields; STREET NUMBER, DIRECTION, NAME, TYPE, QUADRANT, APARTMENT, CITY, STATE, ZIP, ZIP+4. Enter the person’s primary residential address in these fields. There is a separate field for each component of the address.
6. Tabbing from the ZIP+4 field puts you into the AREA CODE field. This is the first field of the phone number section which consists of 6 fields; AREA CODE, PHONE NUMBER, TYPE, ALTERNATE AREA CODE, ALTERNATE PHONE NUMBER, ALTERNATE TYPE. Enter the person’s primary phone number in the first row. If they have an alternate number this can be entered in the second row. The fields to the left of both the first and second numbers can be used to identify the number type or extension.
7. Tabbing from the last phone field will put your cursor the alternate address section. If this person has an additional address, for instance a separate mailing address or work address, you can enter it into the following fields. If you do enter an additional address be sure to POPUP and choose the appropriate identifier in the TYPE field following the alternate address fields.
8. Tab to the GEO field. This is an optional field used to indicate the geographical area for this person record. If you use this field press POPUP and choose a value. Press tab to go to the next field, JURISDICTION. This is an optional field that can be used to identify the person’s jurisdiction.
9. Tab to IDENTIFIER. This field and the one below are used to capture one or two id numbers of the person in question. Such as a driver’s license number.
10. Tab to TOT ANIMAL. An optional reference field that can be used by some agencies to show how many animals were witnessed at their address.
11. Tab to EMAIL ADDRESS. Enter the person’s email address if it’s available.
12. The last fields on the screen are referred to as flag fields. They either blank or have the value ‘Y’ some are set automatically however all can be set manually if needed.

- BAD CHECK, this person has passed a bad check to us. It is set by the performing the bad check process from the receipt window or can be set manually.
- BITE, this person was either the owner or victim of a biting animal. It is set by storing a record in the bite window.
- MEMO, a memo record exists for this person. It is set automatically when a memo record is stored.
- DONOR, this person has made donations to the shelter. It automatically sets when a donor record is stored.
- NO ADOPT, this flag is set manually when an employee determines that this person would not be a suitable home for one of the shelters animals. This should not be set without an accompanying memo record.
- DANGER, this flag is set manually when an employee knows this person represents a physical threat to staff. This should not be set without an accompanying memo record.

13. If you have just input a new person record press F9 to STORE. If you are changing an already existing person record press F8 to UPDATE the record.
The Animal Window

The Animal Window is one of the key components of the Chameleon program, many tasks and procedures throughout the system will require one. Now even though this is a key component of the system it is important to remember that most, if not all, tasks will not begin from this window. You will normally POPUP from a Person ID field located on windows such as Kennel, Activity, Tag/Link, etc. This is an example of how to FIND or create a record in the Animal Window.

1. Clear the Window, press CLEAR.
2. Begin in the NAME field. Input the animal’s name if there is one
3. Tab to TYPE, POPUP and choose value that best describes the type of animal you are creating this record for.
4. Tab to SEX, POPUP and choose the correct sex of the animal. Choose S for spayed or N for neutered only if you were able to verify the animal was actually altered.
5. Tab to the YR field. These next 3 fields (YR, MO, & DOB) have to do with determining the animal’s age. If you know the animal’s date of birth, skip the YR and MO field and just input it in the DOB field. If you don’t know the animal’s date of birth input the amount of years/months in the YR and MO fields, when you tab out of the MO field the date of birth will auto-calculate.
6. Tab to COLOR, LOOKS LIKE field. The following six fields deal with the animals color and breed there are POPUP lists for all. Color and Breed rows are divided into 3 columns. LOOKS LIKE fields are used for searching, they group all colors and breeds so that searching by them will likely encompass the abundant difference of opinion that usually exists. PRIMARY fields describe the color and breed that are most prevalent in the animal. SECONDARY fields are available for further description, leave these blank if the animal is a solid color/pattern or a pure breed animal.
7. Tab to CONDITION, POPUP and choose the animal’s current condition.
8. Tab to STATUS, this field along with the next field, STATUS DATE indicates whether the animal is ACTIVE or DEAD as of the STATUS DATE field. These fields are defaulted to ACTIVE as of TODAY’s DATE.
9. Tab to BITE, type a “Y” in this field if the animal has been involved in a bite.
10. Tab to SIZE. If the animal in question is a puppy or kitten POPUP and choose those values else choose the size the animal will be as an adult.
11. Tab to COAT. The next 5 fields (COAT, EARS, TAIL, MUZZLE, & TEMPERAMENT) are optional fields, there are POPUP lists for all. Only use these if the animal in question has traits that differ from the breed already describes in the above BREED fields.
12. Tab to COLLAR COLOR, POPUP and choose the color of the collar if the animal was wearing one. Tab to COLLAR TYPE, POPUP and choose the value that best describes the collar.
13. Tab to MARKINGS. Use this field to type in any unique traits that have not already been described in previous fields.
14. The next group of 5 fields are reserved for spay/neuter follow up. This section is typically completed at the time of adoption if the animal is not altered. You can input the group number of the vet in the VET ID, the due date in the DUE field, if your shelter...
issues pre-printed vouchers input the number in the VOUCHER NO field, if the voucher has an expiration date input that in the CONTRACT EXPIRES field. The COMPLETED field can be updated at a later time if you need to track when the spay/neuter is completed.

15. If you have just input a new ANIMAL record, press F9 to STORE. If you changed an already existing animal record press F8 to UPDATE the record.
Attachment 5: Back-up Paper Forms
Intake Questions for Owner/Agent

Pets/Companion Animals

FOR SHELTER USE ONLY:

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<th>Owner ID #:</th>
<th>Animal ID #:</th>
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<th>Animal Name:</th>
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<th>Shelter:</th>
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1. Previous location of animal (if known) ______________________________

2. Health or Behavior Issues:

3. Animal Information:
   Breed: _____________________  Color/Markings: _____________________
   Age (estimated): __________  Hair Type (Short, Medium, Long): ______
   □ Male  □ Female  Neutered/Spayed/Intact: _______________
   How long have you owned the pet? (Months/Years): ___________________
   Microchipped: □ Yes  □ No  Number: _____________________________

4. Current Immunizations:
   □ Tetanus  □ Rabies
   □ EEE/WEE  □ West Nile
   □ Influenza  □ Rhinopneumonitis
   □ Other:
   □ __________________________   Date: __________________________
   □ __________________________   Date: __________________________
   □ __________________________   Date: __________________________
5. Is your animal currently on any medications?  □ Yes  □ No

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<tr>
<th>Name</th>
<th>Route</th>
<th>Dosage</th>
<th>Frequency</th>
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</table>

Did you bring these medications with you?  □ Yes  □ No

6. Is your animal allergic to any drugs or medications?  □ Yes  □ No

If YES, which ones:

7. What is your animal’s normal daily diet?
   Amount of Food: ____________________________
   Type (Dry or Wet): __________ Frequency: ________________
   Supplements: ____________________________
   Owner brought food:  □ Yes  □ No
   Quantity: ________________ Type: ______________________

8. Other special care instructions, questions, or concerns?

________________________________________________________________________
________________________________________________________________________

I hereby certify that I am the guardian and/or owner of the household animal described herein and have the authority to surrender the household animal to Fort Bend County Animal Services for temporary emergency care and sheltering. I further certify that the information provided to be accurate to the best of my knowledge. I agree to reclaim this household animal within 24 hours’ notice from Fort Bend County Animal Shelter.

Signature of Owner _______________________________ Date _______________
Animal Owner Sheltering Agreement

Signature indicating agreement of the Animal Owner or Agent to the following is required on the Fort Bend County Emergency Animal Shelter Admission Form

I, the animal owner (or agent for the owner), understand that an emergency exists and that limited arrangements have been made to allow my animals(s) to remain in a shelter. I understand and agree to abide by the rules contained in this agreement and will explain them to the other members of my household.

☐ I will maintain proper identification on my animal and its carrier at all times. I understand that the shelter will require proper identification (normally a picture ID) for me to be allowed into the shelter to care for my animal.

☐ I certify that my companion animal is current on rabies vaccinations. Rabies vaccination is required.

☐ I grant permission for shelter staff to examine my animal and to administer medications that I provide if I am unable to do so. I certify directions for the route, dosage and frequency of medication are written on the container or I will provide them. I also understand that a licensed veterinarian may prescribe treatment for my animal to alleviate pain or suffering.

☐ I certify that my animal has no history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment. I further understand that my animal may be removed to an isolated location if it becomes unruly or aggressive, shows signs of contagious disease, is infested with parasites, or begins to show signs of stress-related conditions.

☐ I agree to keep my animal inside an approved carrier with its door latched and secured at all times except when permitted by shelter staff. During those times – whenever the carrier door is open or my animal is out of its carrier– I will properly control my animal with a leash, harness, and muzzle (if necessary). Visiting hours will be strictly limited.

☐ I understand that I can visit my animal during business hours of the shelter. I understand that these hours may change during the event and that my animal will be cared for if I am unable to come during those hours.

☐ I agree that only one person per household will be allowed to enter the living quarters in the shelter during visiting hours. That visitor must be at least 18 years of age. I will not permit other shelter visitors to handle or approach my animal, either while it is in its carrier or during exercise time. I agree not to handle or approach other people’s animals.

☐ I understand that any decision concerning the care and welfare of my animal and the shelter population as a whole are within the sole discretion of the Shelter Manager whose decisions are final.

☐ I understand that the closing date of the emergency animal shelter will be determined by the nature or requirements of the incident. I will need to claim my animal within 24 hours of shelter closure, or within the appropriate time determined by the shelter supervisor. If I fail to do so, I understand that ownership of my animal will be transferred to Fort Bend County Animal Services at a timeframe that will be determined by Fort Bend County Animal Services.
I understand that an animal that is abandoned or unclaimed by an owner may be moved to the nearest available animal control facility. Shelter staff will post information about such abandoned or unclaimed animals on-line at http://www.petfinder.com and/or www.fortbendcountypets.com. Final disposition of these animals will be left to the discretion of the animal control facility.

I acknowledge that my failure to follow these rules may result in the removal of my animal from the shelter.

I understand that this is an emergency animal shelter and that my animal will be in close contact with other pets, recuse animals, etc. I understand that my animal is at a higher risk to contract diseases.

In consideration for participating in the foregoing Fort Bend County Emergency Animal Shelter Agreement, I hereby fully release, forever discharge, and agree to hold harmless, for any and all purposes, Fort Bend County, its agents, servants, employees or volunteers, of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, including any injury to my animal, including death, arising directly or indirectly from the participation in the sheltering agreement. I further agree to indemnify Fort Bend County against all losses, liabilities, claims, causes of action, and other expenses, including reasonable attorney’s fees, arising from activities of Fort Bend County, its agents, servants, employees or volunteers, performed under this sheltering agreement that result from the negligent act, error, or omission of Fort Bend County or any Fort Bend County’s agents, servants, employees or volunteers.

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

I hereby agree to hold harmless all persons, organizations, corporations or government agencies involved in the care and sheltering of my animal(s). I further agree to indemnify any persons or entities which may have suffered loss or damage as a result of the care and sheltering of my animal.

___________________________________  ________________
Owner Signature                                    Date

___________________________________  ________________
Shelter Staff Signature                       Date
Animal Activity Log

Animal Name: _______________  Cage #: _______________
Animal ID #: _______________  Owner ID #: _______________
Shelter: _______________
Admission Date: _______________
Owner’s Name: _______________
Phone Number: _______________

Special Diet or Medications (include name, dosage, and frequency):

Behavioral or other care issues:

Animal Care Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Food</th>
<th>Water</th>
<th>Medication</th>
<th>Walk</th>
<th>Initials</th>
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Shelter Release to Veterinary Care

The animal described below has been released from care at the ___________ Emergency Animal Shelter and will be transferred and cared for by the veterinary facility named below.

Animal Name: ____________________________  Cage #: ____________________________
Animal ID #: ____________________________  Owner ID #: ____________________________
Animal Description: __________________________________________________________________________

__________________________________________________________________________________________

Owner’s Name: ____________________________  Phone: ____________________________
Owner’s Address: __________________________________________________________________________

Medical Treatment Provided to Animal:

__________________________________________________________________________________________

__________________________________________________________________________________________

Treatment Provided By: __________________________________________________________________________

Name of Veterinary Facility: ____________________________
Address: ______________________________________________________________________________________
Phone: ____________________________________________  (Business) ____________________________
                   ____________________________________________  (Emergency/After Hours) _________________

The undersigned veterinary facility hereby acknowledges receipt of the above described animal, and agrees to provide humane care, adequate shelter, and food to this animal while in his/her foster care; and agrees to hold harmless all persons, organizations, or government agencies involved in the rescue, care, and sheltering of this animal. the animal’s owner agrees to be responsible for any veterinarian, food, or care expenses incurred during the foster care period.

VETERINARY FACILITY SIGNATURE: ____________________________ DATE: ____________________________
VETERINARY FACILITY PRINT NAME: ______________________________________________________________________
OWNER’S SIGNATURE: ____________________________ DATE: ____________________________
OWNER’S PRINT NAME: __________________________________________________________________________
EMERGENCY ANIMAL SHELTER STAFF SIGNATURE: ____________________________
STAFF PRINT NAME: ____________________________ DATE: ____________________________

SIGN IN TRIPlicate
## Treatment Orders and Treatment Log

<table>
<thead>
<tr>
<th>Animal Name:</th>
<th>Cage #:</th>
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<tbody>
<tr>
<td>Animal ID #:</td>
<td>Owner ID #:</td>
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<tr>
<td>Shelter:</td>
<td>Admission Date:</td>
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<td>Owner’s Name:</td>
<td>Phone Number:</td>
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### Treatment Orders

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<thead>
<tr>
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<th>Treatment</th>
<th>Amount</th>
<th>Route</th>
<th>Schedule</th>
<th>Ordered By</th>
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### Treatment Log

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<th>Amount</th>
<th>Route</th>
<th>Given By</th>
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Animal Discharge Form

ANIMAL INFORMATION

Animal Name: ________________________________

Breed: __________________ Color: __________________

Sex: □ Male □ Female

Birth Date: □ Actual □ Estimated

Weight: □ Actual □ Estimated

Permanent ID

Tag / Microchip: □ YES □ NO Number: ________________

RFID: _______________________________________

BELONGINGS BROUGHT WITH THE ANIMAL:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Discharge/Movement of Animal

I am claiming full responsibility for the animal described in the information above. By signing this, Fort Bend County is no longer responsible for the care, movements and whereabouts of this animal.

Owner/Agent Name (Print):

Owner/Agent Signature:

Date:

The animal described above was moved to ____________________________ on this date ___________ at this time ___________AM/PM, by ______________________ for the following reason(s):

