Fort Bend County, Texas
Large Animal and Non-Commercial Livestock Mass Care and Shelter Standard Operating Guidelines
August 1, 2018
# Table of Contents

## Planning Standards
- General

## Purpose, Scope, Situation, Assumptions, and Limitations
- Intended Audience
- Purpose
- Scope
- Situation
  - Hazards
  - Animal Populations
  - Personnel
  - Resources
  - Facilities
  - Assumptions
  - Limitations

## Organization
- Position Descriptions

## Activation

## Concept of Operations

### Emergency Horse and Non-Commercial Livestock Shelter
- Readiness Levels
  - Readiness Level 4 – Normal Operations.
  - Readiness Level 3 – Increased Readiness.
  - Readiness Level 2- High Readiness.
  - Readiness Level 1 – Maximum Readiness.
- Capacity Determination
- Reporting
- Establishing the Emergency Large Animal Shelter
  - Building Utilization
  - Enclosure Layout Guidelines
  - Fort Bend County Fairgrounds Facility Layout
  - Fort Bend County Fairgrounds Traffic Flow
- Data Management
- Admissions
  - Pre-Incident Admissions
  - Post-Incident Admissions
Triage and Risk Classification 17
Provision of Care 18
  Medication Protocols 19
  Veterinary Care 19
Biosecurity 20
  Owner Instructions 20
  Biosecurity guidelines for livestock shelter personnel 21
    Low-risk, at-risk, and high-risk locations 21
    Isolation 22
Safety and Security 23
  Fort Bend County Fairgrounds 23
Discharge 23
  Horses and Non-Commercial Livestock presented by owners 23
  Rescued Horses and Non-Commercial Livestock 23
  Unclaimed Animals 23
Mortuary Management 24
  Non-infectious disease incidents 24
  Infectious disease incidents 24
Attachments 30
## Planning Standards

1. Operations performed under this Standard Operating Guideline will be NIMS compliant.

2. Situational awareness of the status, needs, and capacity of animal sheltering operations will be provided to Incident Command.

3. Emergency animal sheltering will employ biosecurity approaches focused on limiting development and spread of infectious diseases in sheltered animals.

4. Emergency animal sheltering will be performed in a manner that preserves animal health, well-being, and welfare.

5. Emergency animal sheltering will be performed in a manner consistent with maintaining continuity of animal ownership.

6. Emergency animal sheltering capacity will be determined and provided to Incident Command.

7. This document will identify the mechanisms for acquisition of resources from local and regional resources.

8. This document will identify the mechanism for acquisition of resources that cannot be procured through local or regional resources.

9. Emergency animal sheltering operations will provide for the safety and well-being of personnel performing animal sheltering, owners, and sheltered animals.

10. Emergency animal sheltering will be performed in a manner consistent with financial accountability standards of Fort Bend County, Texas.

11. Communications involving animal issues will be integrated with the incident Public Information Officer.
General

Emergency sheltering for non-commercial livestock belonging to residents of Fort Bend County, Texas will be performed as an integrated component of overall emergency response operations. Emergency livestock sheltering will be initiated by order of the Fort Bend County Judge or the 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 non-commercial livestock during declared emergency and disaster incidents.

Purpose

The purpose of this document is to provide guidance for providing for mass care and shelter of non-commercial livestock during declared emergency and disaster incidents in Fort Bend County, Texas.

Scope

Emergency mass care and shelter will be provided for horses and non-commercial livestock. Commercial livestock will be the responsibility of their owners. Fort Bend County, and the State of Texas may elect to support shelter-in-place efforts through establishment of Animal Supply Points and transportation of feed to areas that cannot be accessed by their owners. Owners who need to use the emergency non-commercial livestock shelter are responsible for the transportation of their animals to the fairgrounds.

Situation

Hazards

- Hurricane
- Flood
- Fire
- Drought/heat
- Tornado
- Winter storm
- Hazardous materials
Animal Populations
The AVMA Pet Calculator estimates that there are 4,000 horses in Fort Bend County, Texas. This estimate is based on national horse owning characteristics and is a human population based estimate. The presence of urban population centers in Fort Bend County, Texas may incorrectly inflate the county’s equine population.

The maximum number of livestock present in Fort Bend County, Texas based on the 2012 livestock census is as follows.
- Cattle: 28,000
- Sheep and goats: 622
- Swine: 400
- Poultry: 2,081

The estimated number of livestock intended for livestock shows is as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haltered Cattle</td>
<td>~215</td>
</tr>
<tr>
<td>Head of “Commercial Heifer pen of two”</td>
<td>~100</td>
</tr>
<tr>
<td>Goats</td>
<td>~180</td>
</tr>
<tr>
<td>Lambs</td>
<td>~140</td>
</tr>
<tr>
<td>Swine</td>
<td>~225</td>
</tr>
</tbody>
</table>

Personnel
The following agencies/entities will be responsible for providing for livestock sheltering.

<table>
<thead>
<tr>
<th>Agency/Entity</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Fort Bend County Sheriff’s Office | • Provide daily care of rescued horses whose owners have not been identified  
• Identify populations of animals requiring shelter-in-place support  
• Oversee livestock rescue  
• Coordinate transport of rescued horses to the Fort Bend County Fairgrounds |
| Fort Bend County AgriLife extension | • Manage livestock shelter operations  
• Manage Animal Supply Point  
• Coordinate volunteers participating in providing emergency shelter for horses and non-commercial livestock  
• Provide daily livestock sheltering situational reports to Fort Bend OEM through the Health and Human Services desk |
| Horse and Non-Commercial Livestock owners | • Provide for the daily care and well-being of their animals  
• Adhere to the emergency shelter rules and standards |
Resources

Fort Bend County AgriLife Extension and the Fort Bend County Fairgrounds will provide the facility for emergency sheltering of non-commercial livestock. They will also supply utensils for cleaning stalls and maintaining the facility in a clean and orderly state.

Fort Bend County Sheriff’s Office will provide feed and ancillary supplies (feed buckets, water troughs, etc.) required for sheltering rescued livestock whose owners have not been identified or are not present.

Citizens whose livestock are being provided emergency shelter at the Fort Bend County Fairgrounds facility will provide all required feed and ancillary supplies required for the care of their animals.

Facilities

The primary emergency non-commercial livestock shelter facility is:

Fort Bend County Fairgrounds
4310 TX Hwy 36, Rosenberg, Texas 77471
832.471.1803
Point of Contact: Mary Staff, Fort Bend County Fairgrounds Manager

Assumptions

The Fort Bend County Fairgrounds facility will be undamaged and available for emergency horse and Non-Commercial Livestock sheltering operations.

Required personnel will be available for emergency non-commercial livestock 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, feed, feed buckets, water troughs, 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 Fairgrounds emergency non-commercial livestock shelter.

The Fort Bend County Fairgrounds emergency non-commercial livestock shelter will remain in operation for a maximum of five days, or at the discretion of the shelter supervisor.

Animals that are not retrieved by their owners at the end of emergency shelter operations will be handled as per existing State of Texas estray ordinances.
Limitations
The Fort Bend County Fairgrounds emergency non-commercial livestock shelter is limited to animals requiring limited veterinary medical support.

Sheltering facilities for non-halter-broke cattle are limited to the ability to hold a small number of gentle cattle.

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 non-commercial livestock sheltering capacity will be diminished if identified buildings or facilities are required for use by first responders.
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.
Position Descriptions

Position descriptions for Command Staff may be found in the Fort Bend County, Texas Emergency Operations Plan. The position descriptions below are focused on responsibilities required for sheltering of non-commercial livestock.

<table>
<thead>
<tr>
<th>Position</th>
<th>Source</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services Branch Director</td>
<td>Fort Bend County Dept. of Health and Human Services</td>
<td>● Oversee and coordinate animal related operations</td>
</tr>
<tr>
<td>Household Pet Shelter Supervisor</td>
<td>Fort Bend County Animal Services</td>
<td>● Oversee and coordinate household pet sheltering</td>
</tr>
</tbody>
</table>
| Livestock Shelter Supervisor | Fort Bend County AgriLife Extension        | ● Oversee and coordinate emergency sheltering of horses and non-commercial livestock
● Determine the need for establishing an Animal Supply Point
● Oversee the Animal Supply Point if established |
| Livestock Admissions Assistant(s) | Fort Bend County AgriLife Extension   | ● Admit horses and non-commercial livestock
● Identify admitted horses and non-commercial livestock
● Enter owner and animal information into the Fort Bend County Livestock Shelter database |
| Livestock Shelter Assistants | Fort Bend County AgriLife Extension       | ● Monitor owner-provided livestock care                                            |
| Livestock Rescue Supervisor     | Fort Bend County Sheriff’s Office       | ● Oversee and coordinate livestock rescue operations
● Provide for daily husbandry needs of rescued livestock |

August 2018
Activation

The Fort Bend County Office of Emergency Management (OEM) will notify Fort Bend County AgriLife Extension of the need for emergency horse and Non-Commercial Livestock sheltering.

- OEM will notify AgriLife Extension during Readiness Level 3 if an increased risk for horse and Non-Commercial Livestock sheltering is anticipated.
- OEM will notify Fort Bend County AgriLife Extension when emergency horse and Non-Commercial Livestock sheltering is to start.
- OEM will provide a briefing of the emergency or disaster situation to include anticipated emergency horse and Non-Commercial Livestock sheltering requirements.

Fort Bend County AgriLife Extension will notify all employees of emergency horse and non-commercial livestock sheltering operations and develop a staffing roster consistent with the emergency incident.

Fort Bend County AgriLife Extension will complete an emergency horse and non-commercial livestock shelter capacity determination and report to the Emergency Operations Center.
Concept of Operations
Emergency Horse and Non-Commercial Livestock Shelter

Readiness Levels

Readiness Level 4 – Normal Operations.
2. Perform annual emergency livestock shelter exercise.

Readiness Level 3 – Increased Readiness.
1. Convene a meeting of the emergency non-commercial livestock 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 any required remedial measures to emergency livestock shelter resources.
5. Review Emergency Livestock Sheltering Standard Operating Guidelines
6. Confirm availability of personnel, volunteers, facilities and equipment.

Readiness Level 2 – High Readiness.
1. Test communications among emergency non-commercial livestock 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.

Readiness Level 1 – Maximum Readiness.
1. Test communications among emergency non-commercial livestock sheltering operations staff.
2. Deploy necessary resources to shelter location.
Capacity Determination

The emergency non-commercial livestock 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 Fairgrounds Facility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equine Capacity</strong></td>
<td></td>
</tr>
<tr>
<td>A. Barn H (low-risk and at-risk)</td>
<td>100 head</td>
</tr>
<tr>
<td>B. Rodeo Arena (hi-risk and rescued)</td>
<td>60 head</td>
</tr>
<tr>
<td>C. Total Equine capacity</td>
<td>160 head</td>
</tr>
<tr>
<td><strong>Non-Commercial Livestock</strong></td>
<td></td>
</tr>
<tr>
<td>D. Show cattle</td>
<td>168 head</td>
</tr>
<tr>
<td>E. Small Ruminants</td>
<td>162 head</td>
</tr>
<tr>
<td>F. Swine</td>
<td>160 head</td>
</tr>
<tr>
<td>F. Poultry</td>
<td>~5,000</td>
</tr>
<tr>
<td>G. Facility-based capacity</td>
<td></td>
</tr>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
</tr>
<tr>
<td>Admissions personnel (3 people per 10 head admitted or discharged /hour)</td>
<td></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 an attachment.

Establishing the Emergency Large Animal Shelter

Building Utilization

The primary facility for large animal emergency sheltering will be located at the Fort Bend County Fairgrounds. The following buildings will be utilized:

- **Barn H**
  - 100 stalls for horses
- **O.D. Tucker arena**
  - Holding areas for 60 head
- **George Pavilion**
  - 85,000 sq. ft.
    - 160 - 6’x6’ pens
    - 162 - 4’x6’ pens
    - 50 - 10’x10’ pens
  - This area may be shared with the household pet emergency shelter, based on capacity and demand at Fort Bend County Animal Services
  - Small-hoofed animal pens will be set-up from June through November, but will need special request for set-up from December through May.

Entrances to the large animal emergency shelter area will be through gate 16 for horses and gate 12 for livestock.

Enclosure Layout Guidelines

- A trash can and sanitation station will be placed at the end of each row of enclosures or stalls. Dilute bleach (9 parts water and 1 part bleach in a spray bottle), paper towels, hand sanitizer, and gloves will be available at each sanitation station.
- **Barn H**
  - Unless capacity precludes, one stall will remain empty between each horse
- **O.D. Tucker Arena**
  - A minimum of 3 feet will be maintained between portable stalls
- **George Pavilion**
  - A minimum of 3 feet will be maintained between portable stalls
  - A minimum of 8 feet will separate the livestock enclosures from the Companion Animal Emergency Shelter overflow enclosures
Fort Bend County Fairgrounds Facility Layout
Fort Bend County Fairgrounds Traffic Flow
Data Management

Data management will be performed using the TAMU VET emergency animal sheltering Excel database. Paper back-up forms are provided as attachments.

Admissions

Pre-Incident Admissions

Admission of large animals being provided emergency shelter will be performed through Agrilife Extension.

The admissions process will be as follows:

1. Identifying information collected will include:
   a. Photograph of each animal
   b. Documenting ownership or place of rescue
   c. Proof of Coggins to retain a copy
      i. Hard copy highly recommended
   d. Any identifying ear tags, brands, or tattoos.

2. A visual exam of each animal will be performed. The animals will be classified as low-risk/ high-risk/ at-risk/ isolation, based on the criteria in the Triage and Risk Classification section.

3. Medications being presented with the animals will be handled as described in the Provision of Care section.

4. All animals will be identified using the following system:
   a. Each owner will be assigned a unique number
   b. Each animal will be assigned a 3-digit sequential number (001, 002, etc.)
   c. The owner number and animal number will be marked on the animal’s left hip using a light blue water-based latex paint in the following format:
      i. [owner number] -- [animal number]
   d. EXAMPLES
      i. Owner 2 has 1 animal, it will be identified as 2-001.
      ii. Owner 3 has 3 animals. They will be identified as 3-001, 3-002, and 3-003

Post-Incident Admissions

Large animals admitted during or after an incident occurs will be admitted as follows:

1. Horses and Non-Commercial Livestock that are rescued and presented in the absence of their owners will be admitted under Fort Bend County. Fort Bend County will be assigned “Owner number” 001.

2. If rescuers have information on who actually owns the animals, this information will be entered in the comments section.

3. Animals will be decontaminated if necessary and physically evaluated as part of the admissions process above.
   ○ Decontamination and medical evaluation will be performed at the Fort Bend County Fairgrounds if veterinary medical and animal decontamination operations are established
   ○ All animals that are retrieved from floodwaters should be decontaminated due to the elevations in bacterial and viral loads that are typically present in floodwaters.
   ○ The Safety Officer in consultation with Hazardous Materials specialists will
determine the need for livestock decontamination in incidents other than floods.

4. Remainder of admissions process will be performed through Agrilife Extension as described in the Pre-Incident Admissions section.

Triage and Risk Classification

Triage and risk classification will be performed during initial intake exam. Triage and risk classification will be performed by veterinary medical professionals if veterinary medical operations have been established as part of response efforts. The following information is intended as guidance for establishing risk-classification by the non-veterinarian. Animals will be sorted into the following categories and housed in corresponding holding areas (refer to map above for locations):

**High-risk:**
High-risk animals are defined as animals whose test status, vaccination history, or presenting condition indicates that they represent a threat for the spread of infectious diseases to other sheltered horses or livestock. These animals are those without proof of Equine Infectious Anemia status (EIA, Coggins), do not qualify for isolation or have cleared isolation evaluation by a veterinarian, are suspicious of having an infectious disease but are not showing clinical signs yet, or those needing medical care including but not limited to:

- Wounds
- Laminitis
- Fast respiratory rate or effort (heat stress)

If any concerning clinical signs are observed, the animal will be classified as high-risk and referred to an on-site veterinarian for further evaluation. If no veterinarian is available, the animal will be placed in isolation and evaluated as soon as possible by the veterinarian.

**Isolation:**
These animals show clinical signs of diseases that could be easily spread to others. Animals will be placed into isolation based on the recommendation of a veterinarian or qualified admissions personnel. The animal will be moved to high-risk after being cleared through evaluation by a veterinarian. These are animals who present with:

- **Equine:**
  - Gastrointestinal upset: diarrhea, colic, or not eating.
    - Signs of colic: flank watching, rolling, laying down, pain/sweating
  - Respiratory signs: coughing, sneezing, nasal/ocular discharge, respiratory distress
  - Neurologic disease: behavior change (dull, aggressive), head tilt, head pressing, circling, abnormal gait
  - Skin disease: pimples, blisters, or sores in mouth or on feet
  - Fever, Sweating
    - Temperature > 101.5 F
- **Food-animal (cattle, goats, sheep, pigs):**
  - Same as equine with special attention to:
    - Bloat (abdominal distention)
- **Other (llamas, alpacas):**
  - Same as equine with special attention to:
    - Heat-stress: fast respiratory rate and effort
If there is any uncertainty of an animal’s status, the animal will be placed in isolation until evaluated by a veterinarian. *Personal protective equipment must be worn while interacting with these animals. Please refer to the Biosecurity section below for PPE, disinfecting, and visitation protocols.*

**Low-risk:**
These animals are at decreased risk of spreading disease to others and:
- Appear healthy
- Do not have any of the above listed symptoms in high risk or isolation sections
- Have proof of Coggins status (horses only)

**At-risk:**
Young (<10 months old) or geriatric (>15 years) animals and:
- Appear healthy
- Do not have any of the above listed symptoms in high risk or isolation sections
- Have proof of Coggins status (horse only)

**Provision of Care**
Provision of care for horses and Non-Commercial Livestock animals being provided emergency shelter will be performed as described below.
- Fort Bend County AgriLife Extension
  - Will establish AM and PM Feeding times
  - Will check-in and check-out owners coming to the facility to feed their horses and Non-Commercial Livestock.
  - Will perform walk-through after published feeding times. Empty or low water buckets, absence of hay, and soiled stalls will be considered an indicator that animals have not been provided an appropriate level of care. In the event that an animal has not been cared for, AgriLife Extension personnel will provide the following.
    - 2 flakes of hay
    - Will fill water buckets/troughs
- Horse and Non-Commercial Livestock Owners
  - Will check-in and check-out at appropriate locations when caring for their animals
  - Will provide nutritional support appropriate for stalled animals
    - Owner supplied feed will be stored in designated areas in or near the building or barn with the owner and animal ID numbers and building name where the animal is located.
  - Will maintain their stalls and areas around their assigned stalls in a clean state
    - Once daily cleaning of the animal’s enclosure is the minimum required
  - Will apply fly repellants so as to prevent spread of vector-borne diseases
- Fort Bend County Livestock Deputies
  - Will coordinate feeding and care of rescued horses and livestock as per existing Fort Bend County Sheriff’s Office protocols
  - Will apply fly repellants so as to prevent spread of vector-borne diseases
Medication Protocols

All animals requiring medication will have a treatment sheet posted outside their enclosure. All treatment records must include drug names, amount, route (by mouth, intravenous, etc.), date, and time administered on this sheet. A list of all animals requiring medication administration and what medication is to be administered to those animals will remain with Admissions.

**Owned** animals who present with medication/require medication administration will be handled as follows:
- Non-controlled medications will remain with the owner and be administered by the owner to the extent of owner capability.
- Controlled medications will be appropriately labelled and stored in the on-site veterinarian’s lock-box. Administration of controlled medications will be administered by the on-site veterinarian.
- The owner of animals who have not received required medication at the time of the walkthrough will be contacted by Agrilife Extension in regards to medicating their animals. If the owner cannot be reached, Agrilife Extension will consult with the on-site veterinarian.

**Unowned** animals who require medication administration will be handled as follows:
- Non-controlled medications will be appropriately labelled and stored in a predetermined location. Medications will be administered by Livestock Deputies or Designated Representatives.
- Controlled medications will be appropriately labelled and stored in the on-site veterinarian’s lock-box. Controlled medications will be administered by the on-site veterinarian.

Veterinary Care

- Veterinary medical support for large animals being provided emergency shelter will be provided by veterinary medical operations located at the Fort Bend County Fairgrounds.
- Euthanasia of severely injured or ill owned animals will be handled as per existing veterinarian/client relationships.
  - In the event that an owner cannot be contacted, Fort Bend County Livestock Sheriff Office may declare the animal a “ward” of the county and authorize euthanasia, per veterinarian recommendation. This will only be performed if compromised animal welfare cannot be mitigated.
Biosecurity

Owner Instructions
The following rules have been established to help prevent the spread of infectious diseases in horses and non-commercial livestock being provided emergency shelter by Fort Bend County, Texas. Strict adherence to these rules is required.
1. Owners must sign in and out on a visitation log kept by Admissions for all visitations (records names of visitors, animal and owner ID numbers, date, time in, and time out)
2. Direct physical contact with animals that do not belong to you is strictly prohibited.
3. Nose-to-nose contact between animals should be prevented
4. A risk classification has been assigned to your animal(s). This classification is assigned as part of the Fort Bend County Emergency Livestock Shelter Biosecurity plan. If you have animals of different risk classifications, provide their care in the following order.
   a. At-risk
   b. Low-risk
   c. High-risk
   d. Isolation
5. Wash hands with soap and water prior to and after visitation and between animals.
6. Remove all soil, organic material and body fluids from shoes when exiting a stall or pen.
7. Do not allow the ends of water hoses to be submerged in water buckets. If this inadvertently occurs please notify Fort Bend County AgriLife Extension prior to filling another animal’s water bucket.
8. Clean stalls and pens a minimum of once daily and dispose of manure and soiled shavings…
9. Do not provide hay or water to animals that do not belong to you.
10. If you notice an animal that has not been fed or watered, please report the stall or pen number to Fort Bend County AgriLife Extension Agents.
11. Report stall and pen number to Fort Bend County AgriLife Extension Agents if you are concerned about the health and well-being of your animal(s) or other animals being provided emergency shelter.
12. Apply fly repellant as per label directions.
13. Isolation protocols that will be used in the isolation area will be dependent on the nature of the clinical problems present. If you have a horse that is assigned to isolation, the required protective measures will be provided to you by Fort Bend County AgriLife Extension personnel.
14. Monitor horses for clinical signs that are indicative of the potential for an infectious disease. These include the following.
   a. White or yellow nasal discharge
   b. Loose feces
   c. Off-feed
   d. Depressed mentation
   e. Excess salivation
15. Report the presence of clinical signs identified above and other health concerns to Fort Bend County AgriLife Extension personnel.
Biosecurity guidelines for livestock shelter personnel

Low-risk, at-risk, and high-risk locations

Animals being provided emergency shelter are at an increased risk for development of infectious diseases. Monitoring owner compliance with the Biosecurity Owner Instructions is a key step in preventing the spread of infectious diseases in horses and non-commercial livestock being provided emergency shelter.

1. Provide all owners a copy of the Biosecurity Owner Instructions provided on the previous page.
2. Monitor and enforce owner compliance with provided instructions.
3. Monitoring sheltered horses and non-commercial livestock should be performed in the following order.
   a. At-risk
   b. Low-risk
   c. High-risk
   d. Isolation
4. Wash hands with soap and water prior to and after entering the different risk classification housing areas.
5. Remove all soil, organic material and body fluids from shoes when exiting a stall or pen and when moving to housing areas for different risk classifications.
6. If ends of water hoses are reported to have been submerged in water buckets, disinfect with Clorox mixed at a ratio of 1 part Clorox and 9 parts water.
7. Monitor horses for clinical signs that are indicative of the potential for an infectious disease. These include the following.
   a. White or yellow nasal discharge
   b. Loose feces
   c. Off-feed
   d. Depressed mentation
   e. Excess salivation
8. Take one of the steps below if clinical signs are noticed or reported.
   a. Request and then confirm that owner seeks and receives guidance from their regular veterinarian and ask that you be provided with the presumptive diagnosis and mitigating steps.
   b. Notify the veterinary medical operations if veterinary medical operations have been established in Fort Bend County.
9. Isolation protocols that will be used in the isolation area will be dependent on the nature of the clinical problems present. General recommendations are provided on the following page.
Isolation

1. The isolation area will include rescued horses, horses assigned to isolation by veterinary medical operations, and horses and Non-Commercial Livestock that have been rescued and whose owners are not present.
2. Access to isolation will be limited to the designated caregiver of that animal. Caregiver will not be allowed to care for other animals they may own at the facility.
3. The level of personal protective equipment required will be dependent on the specific conditions of horses and non-commercial livestock housed in isolation areas.
4. General personal protective equipment recommendations.
   a. Examination gloves
   b. Outer clothes (The following options provide varying degrees of protection)
      i. Cover-alls
         1. **Note:** Cover-alls will not provide an effective barrier if conditions are such that the material becomes moist or wet.
      ii. Rain suit
      iii. Disposable Ty-Vek suits
   c. Rubber boots
   d. Respiratory protection in the form of N-95 masks or other form of respirator may be required.
5. The following steps should be taken after exiting a stall or pen
   a. Remove organic material from rubber boots
   b. Spray Rain suit or disposable Ty-Vek suit with dilute Clorox (1 part Clorox and 9 parts water)
      i. If cloth cover-alls are used, remove.
   c. Remove exam gloves, wash hands, and replace prior to entering another stall or pen
6. The following steps should be taken prior to exiting the isolation area.
   a. Remove organic material from rubber boots
   b. Spray Rain suit or disposable Ty-Vek suit with dilute Clorox (1 part Clorox and 9 parts water)
      i. If cloth cover-alls are used, remove.
   c. Remove exam gloves and wash hands
   d. Don foot wear
7. If animals are isolated as a result of a reportable disease, personal protective equipment and disinfection protocols will be defined by the regulatory agency.
Safety and Security

Fort Bend County Fairgrounds
- Ingress and egress will be through two separate points as described in the “Establishing the Emergency Non-Commercial Livestock and Large Animal Shelter” section above:
  - Ingress for horses will be via Band Road/Highway 36S into Arena Dr.
  - Ingress for other livestock and household pets will be via Stella Rd.
  - Egress will be through a single point via Stella Rd.
- Security will be provided by the law enforcement section in the FBC Emergency Operations Center for the duration of emergency livestock and large animal shelter.
- Stalls will remain secured when large animals are not being provided care and visitation by owners.

Discharge

Horses and Non-Commercial Livestock presented by owners
1. Owners will notify Fort Bend County AgriLife Extension when they are ready to remove their animals from the shelter.
2. Fort Bend County AgriLife Extension personnel will perform the following steps.
   a. Compare owner and animal numbers
   b. Compare official government identification method (driver’s license) with recorded information
   c. Record license plate numbers of vehicles and trailers used to transport animals
3. Fort Bend County AgriLife Extension will ensure that owners remove all supplies and feed materials from the facility.

Rescued Horses and Non-Commercial Livestock
1. Rescued horses and Non-Commercial Livestock will be released to owners as per existing Fort Bend County Sheriff’s Office Livestock Division protocols.

Unclaimed Animals
The disposition of unclaimed animals will be handled as per Fort Bend County and State of Texas Estray statutes. Fort Bend County may elect to extend required holding times.
Mortuary Management

Non-infectious disease incidents
Disposition of household pets that are euthanized or die will be handled as per existing Fort Bend County Road and Bridge protocols or as part of the county’s debris management program during non-infectious incidents.

Infectious disease incidents
Carcass disposal during infectious disease incidents will be as dictated by the Texas Animal Health Commission and the United States Office of Agriculture.
## Attachments

### Situation Report

<table>
<thead>
<tr>
<th>Incident:</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Commercial Livestock Facility:</td>
<td>co-located?</td>
<td>yes/no</td>
</tr>
<tr>
<td>Total Animal Capacity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Horses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Goats:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Sheep:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Poultry:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of other animals not listed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining Capacity:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unmet Needs/Resource Requests

<table>
<thead>
<tr>
<th>Description</th>
<th>Number requested</th>
<th>Required Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prepared By:  

---

August 2018
Fort Bend County Emergency Animal Shelter
Admission Form
Equine Animals

FOR SHELTER USE ONLY:

Owner ID #: __________________________________ Animal ID #: _______________________
Animal Name: _________________________________________________________________
Shelter: ________________________________________________________________
Admission Date: ____________________________

Take and Save Photo of Animal with ID number

INSTRUCTIONS: Fill out one form per animal admitted to the emergency animal shelter.

OWNER / AGENT FOR OWNER

Name: ________________________________________________________________
Home Address: _________________________________________________________
City, Zip: _____________________________________________________________
Home Phone: ________________ Cell Phone: ________________
Owner DL or Government ID#: ___________________________________________

SECONDARY CONTACT

Name: ________________________________________________________________
Home Address: _________________________________________________________
City, Zip: _____________________________________________________________
Home Phone: ________________ Cell Phone: ________________

ANYONE OTHER THAN THE ABOVE THAT WILL BE PROVIDING CARE FOR OR PICKING UP THIS ANIMAL

Name: ________________________________________________________________
Cell Phone: ___________________________________________________________
Name: ________________________________________________________________
Cell Phone: ___________________________________________________________
REGULAR VETERINARIAN CONTACT INFORMATION

Clinic Name: ____________________________________________________________
Veterinarian's Name: ____________________________________________________
Address: __________________________________________________________________
City, Zip: __________________________________________________________________
Phone: ____________________________________________________________________

ANIMAL INFORMATION

Animal Name: __________________________________________________________________
Breed: ___________________________ Color: ________________________________
Sex: ☐ Gelding ☐ Stallion ☐ Mare
Birth Date: ______________________ ☐ Actual ☐ Estimated
Weight: ______________________ ☐ Actual ☐ Estimated

Permanent ID
Tag / Microchip: ☐ YES ☐ NO Number: __________________________
RFID: ___________________________________________________________________
Ear Tags: __________________________________________________________________
Brands: ___________________________________________________________________
Tattoos: ___________________________________________________________________
Other: ____________________________________________________________________
Detailed Description of Animal/Distinct Markings:

[Diagram of horse showing markings and numbers on each side]
IS THIS ANIMAL INSURED?

*Please Circle:*  
Yes  No

BELONGINGS BROUGHT WITH THE ANIMAL:

ANIMALS WITH NO DESIGNATED OWNER:

Detailed description of when and where this animal was found (date found, GPS coordinates, street names, landmarks, etc.):

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 __________

I acknowledge that I have read/been read and understand the *Animal Owner Sheltering Agreement* agree to abide by all emergency animal shelter rules.

Owner/Agent Name  
(Print): ______________________________

Owner/Agent Signature: ______________________________

Date: ______________________________

August 2018
Fort Bend County Emergency Animal Shelter
Admission Form
Non-Commercial Livestock

FOR SHELTER USE ONLY:

Owner ID #: ____________________ Animal ID #: ____________________
Animal Name: ____________________
Shelter: ____________________
Admission Date: ____________________

Take and Save Photo of Animal with ID number

INSTRUCTIONS: Fill out one form per animal admitted to the emergency animal shelter.

OWNER / AGENT FOR OWNER

Name: ____________________
Home Address: ____________________
City, Zip: ____________________
Home Phone: ____________________ Cell Phone: ____________________
Owner DL or Government ID#: ____________________

SECONDARY CONTACT

Name: ____________________
Home Address: ____________________
City, Zip: ____________________
Home Phone: ____________________ Cell Phone: ____________________

ANYONE OTHER THAN THE ABOVE THAT WILL BE PROVIDING CARE FOR OR PICKING UP THIS ANIMAL

Name: ____________________
Cell Phone: ____________________
Name: ____________________
Cell Phone: ____________________
## REGULAR VETERINARIAN CONTACT INFORMATION

Clinic Name:  
Veterinarian's Name:  
Address:  
City, Zip:  
Phone:  

## ANIMAL INFORMATION

Animal Name:  
Breed:  
Color:  
Sex:  
Birth Date:  
Weight:  

- Permanent ID:  
  - Tag / Microchip:  
  - RFID:  
  - Ear Tags:  
  - Brands:  
  - Tattoos:  
  - Other:  

Detailed Description of Animal/Distinct Markings:  

## IS THIS ANIMAL INSURED?

*Please Circle:*  

Yes  
No  

## BELOUNGINGS BROUGHT WITH THE ANIMAL:


ANIMALS WITH NO DESIGNATED OWNER:

Detailed description of when and where this animal was found (date found, GPS coordinates, street names, landmarks, etc.):

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 __________

I acknowledge that I have read/been read and understand the Animal Owner Sheltering Agreement agree to abide by all emergency animal shelter rules.

Owner/Agent Name (Print): ________________________________

Owner/Agent Signature: ________________________________

Date: ________________________________
# Animal Activity Log

<table>
<thead>
<tr>
<th>Animal Name:</th>
<th>Stall #:</th>
<th>Animal ID #:</th>
<th>Owner ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p.m.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

August 2018
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 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 pen/stall 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 will present my horse’s negative Coggins documentation. I understand that my horse may be housed with other horses that have unknown Coggins status.

- 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 pen/stall with its door latched and secured at all times except when permitted by shelter staff. During those times – whenever the pen/stall door is open or my animal is out of its pen/stall – I will properly control my animal with a harness/halter. Visiting hours will be strictly limited.

- I understand that I am expected to properly feed, water, clean, and exercise my animal and sign the pet care sheet twice per day. I am also expected to clean and sanitize – properly dispose of waste and disinfect – the area used by my animal.

- I agree that only one person per household will be allowed to enter the living quarters in the shelter. 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 pen/stall or during exercise time. I agree not to handle or approach other people’s animals. Additional household members may be allowed entry at the discretion of shelter manager, or his/her designee.

- 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 I am expected to claim my animal(s) within 24 hours of the end of the event. If I fail to do so, the disposition of my animal(s) will be handled as per Fort Bend County and State of Texas Estray statutes. Fort Bend County may elect to extend required holding.

☐ If I am unable to move my animal back to its previous location, a stall may be available for rent at the fairgrounds for $15/day.

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

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.

___________________________________________  ______________________________
Animal(s) Owner Signature                      Date

<table>
<thead>
<tr>
<th>Animal Identification Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: ____________________________ Stall #: ____________________________
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
Veterinary Medical Release Form

FOR SHELTER USE ONLY:

Owner ID #: __________________________ Animal ID #: __________________________
Animal Name: ___________________________________________________________________
Shelter: ______________________________________________________________________

Owner/Agent Name: __________________________________________________________________
Home Address: ____________________________________________
City, Zip: ______________________________________________________________________
Home Phone: __________________________ Cell Phone: __________________________
Owner DL or Government ID#: _________________________________________________

Animal Name: ___________________________________________________________________
Species: __________________________ Breed: __________________________
Age: __________________________ Sex: __________________________
Color/Distinct Markings: ___________________________________________________________________

Known Medical Problem(s): ___________________________________________________________________

Please read the following and initial next to each stating that you understand and agree with these terms (continued on next page).

_____ I will permit my pet to be examined as needed by the Veterinary personnel on staff and understand if medical or stress conditions are present I further agree to the administration of medication to alleviate any symptoms.

_____ Should a medical emergency arise past basic medical care (vaccines, oral or injectable medications) and you cannot be reached by phone, which of the following actions would you like pursued (check all that apply):

_____ If my animal is in need of emergency surgery, I wish my pet to be re-located to an Animal Hospital for full anesthesia and surgery.
If my animal is in need of intensive hospital care such as intravenous fluids or constant monitoring, I wish my pet to be re-located to an Animal Hospital.

I understand that should the previous actions be taken, that I will be responsible for further costs associated with the medical attention needed for my animal.

If none of the above options are selected, I understand that if it is the Veterinarian's judgment that my animal cannot be humanely maintained given the constraints set by the location and supplies available at the temporary shelter, my pet will be humanely euthanized.

I authorize the Veterinarian-On-Duty to establish if intensive medical/surgical treatment is necessary. I certify that I have read and fully understand the above authorization for medical/surgical treatment. I understand that basic medical care and stabilization will be provided for my animal at the emergency animal shelter, but without the above consent further actions needed to medically assist my animal cannot be provided. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I understand that all fees occurred at an independent animal hospital/veterinarian clinic are my sole responsibility and I agree to pay those fees. I also understand that I am responsible for all finance, collections, and attorney fees incurred if I do not pay these charges.

Owner/Agent Name
(Print):

Owner/Agent Signature:

Date:
# Treatment Orders and Treatment Log

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

## Treatment Orders

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Treatment</th>
<th>Amount</th>
<th>Route</th>
<th>Schedule</th>
<th>Ordered By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Treatment Log

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Treatment</th>
<th>Amount</th>
<th>Route</th>
<th>Given By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Intake Questions for Owner/Agent

Equine Animals

FOR SHELTER USE ONLY:

Owner ID #: ____________________ Animal ID #: ________________
Animal Name: ____________________
Shelter: ________________________

1. Has your animal been Coggins Tested?  □ Yes  □ No

2. Health or Behavior Issues:

   ____________________________________________________________

3. Current Immunizations:
   □ Tetanus        □ Rabies
   □ EEE/WEE       □ West Nile
   □ Influenza     □ Rhinopneumonitis
   □ Other:
      □ ___________________________ Date: ________________________
      □ ___________________________ Date: ________________________
      □ ___________________________ Date: ________________________

4. Is your animal currently on any medications?  □ Yes  □ Yes

<table>
<thead>
<tr>
<th>Name</th>
<th>Route</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you bring these medications with you?  □ Yes  □ No
5. Is your animal allergic to any drugs or medications?  □ Yes  □ No
   If YES, which ones:

   ____________________________________________
   ____________________________________________

6. What is your animal’s normal daily diet?
   Amount of Hay:  _______________ Frequency:  _______________
   Amount of Grain:  ___________________ Frequency:  ___________________
   Type:  __________________ Frequency:  __________________
   Supplements:  _______________________________________
   Owner brought food:  □ Yes  □ No
   Quantity:  __________________ Type:  __________________

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

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
Intake Questions for Owner/Agent

Non-Commercial Livestock Animals

FOR SHELTER USE ONLY:

Owner ID #: __________________________ Animal ID #: __________________________
Animal Name: __________________________
Shelter: _______________________________

1. Health or Behavior Issues:

2. Current Immunizations:
   - Tetanus
   - EEE/WEE
   - Influenza
   - Other: ____________________________ Date: __________
   - ____________________________ Date: __________
   - ____________________________ Date: __________

3. Is your animal currently on any medications?  ☐ Yes  ☐ No
   
<table>
<thead>
<tr>
<th>Name</th>
<th>Route</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Is your animal allergic to any drugs or medications?  ☐ Yes  ☐ No

   If YES, which ones:

   ________________________________
5. What is your animal's normal daily diet?

Amount of Hay: ____________________ Frequency: ____________________

Amount of Grain: ____________________

Type: ____________________ Frequency: ____________________

Supplements: ____________________

Owner brought food: ☐ Yes ☐ No
Quantity: ____________________ Type: ____________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Animal Discharge Form—Equine

ANIMAL INFORMATION

Animal Name: ________________________________

Breed: ________________________________  Color: ________________________________

Sex:  
☐ Gelding  ☐ Stallion  ☐ Mare

Birth Date: ☐ Actual  ☐ Estimated

Weight: ☐ Actual  ☐ Estimated

Permanent ID
Tag / Microchip:  ☐ YES  ☐ NO  Number: ______________

RFID: ________________________________

Ear Tags: ________________________________

Brands: ________________________________

Tattoos: ________________________________

Other:

Detailed Description of Animal/Distinct Markings:

[Diagram of horse with numbered markings]
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):

_______________________________
Animal Discharge Form—Non-Commercial Livestock

ANIMAL INFORMATION

<table>
<thead>
<tr>
<th>Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Name:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Breed:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Color:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Sex:</td>
<td>□ Male</td>
</tr>
<tr>
<td></td>
<td>□ Female</td>
</tr>
<tr>
<td>Birth Date:</td>
<td>_________________________</td>
</tr>
<tr>
<td></td>
<td>□ Actual</td>
</tr>
<tr>
<td></td>
<td>□ Estimated</td>
</tr>
<tr>
<td>Weight:</td>
<td>_________________________</td>
</tr>
<tr>
<td></td>
<td>□ Actual</td>
</tr>
<tr>
<td></td>
<td>□ Estimated</td>
</tr>
<tr>
<td>Permanent ID</td>
<td>_________________________</td>
</tr>
<tr>
<td>Tag / Microchip:</td>
<td>□ YES</td>
</tr>
<tr>
<td></td>
<td>□ NO</td>
</tr>
<tr>
<td>Number:</td>
<td>_________________________</td>
</tr>
<tr>
<td>RFID:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Ear Tags:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Brands:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Tattoos:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Other:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Detailed Description of Animal/Distinct Markings:</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

BELONGINGS BROUGHT WITH THE 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.

<table>
<thead>
<tr>
<th>Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner/Agent Name (Print):</td>
<td>_________________________</td>
</tr>
<tr>
<td>Owner/Agent Signature:</td>
<td>_________________________</td>
</tr>
<tr>
<td>Date:</td>
<td>_________________________</td>
</tr>
</tbody>
</table>
The animal described above was moved to ____________________________ on this date ________ at this time ______ AM/PM, by ______________________ for the following reason(s):

_____________________________