

**Baca County Emergency Management  
Shelter Registration Form**

*Please print all sections*

Incident Name or Number: \_\_\_\_\_

Shelter Name: \_\_\_\_\_

Shelter City, County, State: \_\_\_\_\_

Family Name: (Last Name)	Total Family members sheltered:
Address: City/State/Zip	Identification Verified by: (Record Document I.D. number and Type)
Home Phone: _____ Cell Phone/Other: _____	
Method of Transportation: Vehicle Plate # / State	Primary Language:
Make: _____ Model: _____ Color _____	If primary language is not English, does anyone speak English? (who?)

**INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS**

Name: Last, First	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Telephone Number

**PET INFORMATION**

Pet's Name	Weight	Species (dog,cat)	Breed	Color	Age	License #

Family member responsible for care/treatments: \_\_\_\_\_

NOTE. Cages/crates must have secure doors and be large enough for the pet to stand and turn around. Plan to bring any medication and special foods.

**Below information to be completed upon arrival at the Shelter**

Are there members of your family who currently need Medical attention or are taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes – who?
In case of emergency who should we contact? Please list contact information:
Special dietary needs:
Special accommodations required?
How is family affected? <input type="checkbox"/> Home Damaged <input type="checkbox"/> Home Destroyed <input type="checkbox"/> Home Evacuated <input type="checkbox"/> Stranded while traveling

Notes:

**\*By signing the shelter registration form I have read/been read and understand the shelter rules and agree to abide by them**

Family Member Signature (Print and Sign)

Date

Shelter Witness (Print and Sign)

Date