

BCAS Emergency Shelter Form

In the event of a disaster requiring sheltering with your pet(s), completion of this form will allow us to process your entry into the Shelter in a quick and efficient manner. Completed forms can be emailed to BCAS@baycountyfl.gov or dropped off at the Bay County shelter located at 6401 Bay Line Dr., Panama City, FL 32404.

Owner Name: _____ Phone Number: _____

Owner Address: _____

Number of Family Members: _____

E-mail Address for correspondence: _____

Pet #1

Name _____ Species (circle one) DOG or CAT Age: _____

Spayed/Neutered? _____ Breed: _____

Color: _____ Weight: _____

Pet #2

Name _____ Species (circle one) DOG or CAT Age: _____

Spayed/Neutered? _____ Breed: _____

Color: _____ Weight: _____

Pet #3

Name _____ Species (circle one) DOG or CAT Age: _____

Spayed/Neutered? _____ Breed: _____

Color: _____ Weight: _____

Please indicate if there are any other special needs or accommodations needed: