



Carteret County Companion Shelter Pre-Registration

Complete Name of Adult Applicant: _____

Home Phone Number: _____ Cell Phone Number: _____

Home Address: _____

Next of Kin Name/Relation: _____ Phone Number: _____

Home Address: _____

Family Members:

Name:	Age:	ID:

Pet Information

Name	Cat/Dog	M/F	Spayed/ Neutered	Rabies Tag#	Description/Markings/Breed	Vet Name

Pet Medications/Dietary/Other

Name from Above	Special Needs/Conditions	Medication or Dietary Supplement	Times Per Day Dosage	Crate Dimensions	Access Panel Location

In the Event of an evacuation, do you have transportation to a shelter? Yes No

Signature: _____ Date: _____ Volunteer Signature: _____