



SHELTER/FACILITY CLOSING FORM

This is to certify that the:

(Name)

(Address)

(Telephone)

controlled, owned or operated by _____ and used temporarily by the

Sedgwick County Animal Response Team (SCART) as an animal emergency disaster facility from _____ to _____,

is hereby returned by SCART in a satisfactory condition, less the following deficiencies:

Signature of Owner/Operator

Date

Printed Name & Title

Signature of SCART Representative

Date

Printed Name & Title