

EQUINE EVACUATION FORM

Fill out one form per horse. Obtain information to the best of your ability. If information is not known, write NA (not available). DO80708

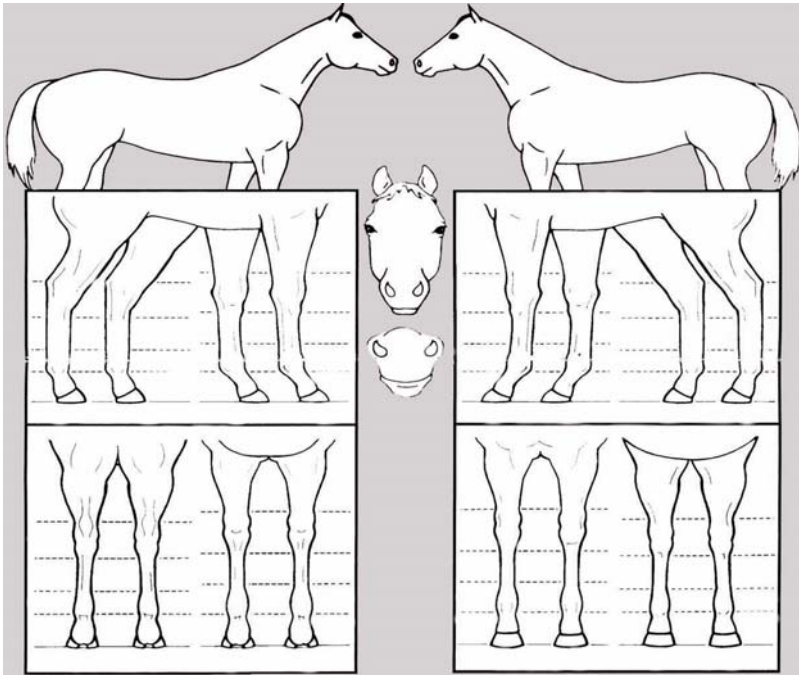
Evac Number _____ ([Unit Abridg][Street Number][a,b,...] e.g. SL135a)

Units: BD:BD Felton:FT Mid-So County:CT San Cruz:SC Scotts Valley:SV Skyline:SL SLV:SLV Summit:SM

Contact person _____ Owner _____ Contact/Owner phone _____

Address _____ Rig U-turn? Yes No

Location of pick-up _____ Rig U-turn? Yes No



Breed of horse/Species _____

Sex _____ Age _____ Animal Name _____

Body Color: Bay Black Black Bay Brown
Buckskin Chestnut Dun Grey Grullo Liver
Chestnut Palomino White

Color Pattern: Solid Tobiano Overo
Leopard Blanket Snowflake Roan

Brand or freeze brand?

Feed type & Amount

Special-Medications _____

Temporary boarding site _____

How boarded?(pasture, stall, etc) _____

Any visible injuries. If so, explain _____

Other information: _____

Driver _____ Assistants _____

Telephone _____ Date _____ Time _____ am/pm