

EMERGENCY RESPONDERS - IN CASE OF EMERGENCY (I-C-E) FARM / FACILITY INFORMATION

Print Clearly

Date Completed: _____

I/We, _____ (name), are the property owners for the farm / facility located at _____ (address, city, state, zip).

I/We, _____ (name), operate / lease the property for the farm / facility located at _____ (address, city, state, zip).

Farm / Facility Name (if applicable) - _____

Farm / Facility Property Owner(s) -

Physical Home Address: _____

Mailing Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Phone: Home (____) - _____ Alt (____) - _____

Farm / Facility Operator(s) / Lessee -

Physical Home Address: _____

Mailing Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Phone: Home (____) - _____ Alt (____) - _____

Number of Animals on Premises -

Horses - _____ Cows - _____ Goats - _____ Sheep - _____

Llamas - _____ Pigs - _____ Dogs - _____ Cats - _____

Chickens - _____ Other - _____

Emergency Contact(s) -

The below listed contacts are local to the farm / facility, are able to be contacted or respond in an emergency and have all of the emergency documentation regarding this farm / facility, to include but not limited to Individual Animal Information, Individual Animal Owner Information, Facility Owner Next of Kin Information, Farm / Facility Insurance Information, and Authorization for Payment of Invoices.

Name: _____

Physical Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Name: _____

Physical Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Name: _____

Physical Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Name: _____

Physical Address: _____

Phone: Home (____) - _____ Alt (____) - _____

Veterinarian(s):

Name: _____
Clinic: _____
Phone: Office (_____) _____ - _____ After Hours (_____) _____ - _____
Alternate Emergency Phone: (_____) _____ - _____

Name: _____
Clinic: _____
Phone: Office (_____) _____ - _____ After Hours (_____) _____ - _____
Alternate Emergency Phone: (_____) _____ - _____

Name: _____
Clinic: _____
Phone: Office (_____) _____ - _____ After Hours (_____) _____ - _____
Alternate Emergency Phone: (_____) _____ - _____

Transportation Contact (Local and Available to Respond for Emergency Incidents) – SERVICES, LLC

Person(s) available to pick up and transport the animals from emergency incident to secondary location:

Name: _____
Address: _____
Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Name: _____
Address: _____
Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Stabling Contact (Local and Able to Stable / House All Animals) –

Person(s) available to stable / house the animals involved in the incident:

Name: _____
Address: _____
Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Name: _____
Address: _____
Phone: Home (_____) _____ - _____ Cell (_____) _____ - _____

Additional Information:

In the event that I/we, or those who hold a valid Limited Power of Attorney for Animal Healthcare document signed by the farm / facility owner(s) / operator(s) / lessee and notarized, are unavailable or incapable of making decisions regarding the health and well-being of the animal(s) involved in the emergency incident, we hereby authorize and shall hold harmless a licensed veterinarian to evaluate and determine the health status of the animal(s), provide emergency medical treatment, or administer a euthanizing agent if the veterinarian determines that an animal is undoubtedly suffering and cannot be saved.

_____/_____/_____
Owner / Agent Name, Signature and Date

_____/_____/_____
Witness Name, Signature and Date

4HOOVES LARGE ANIMAL SERVICES, LLC

