

# **EMERGENCY RESPONDERS-IN CASE OF EMERGENCY (I-C-E)**

## **FARM / FACILITY INFORMATION**

\*\*\*Print Clearly – Laminate completed form to keep dry and print legible\*\*\*

\*\*\*Secure in a brightly colored, "I-C-E" labeled, waterproof container on the outside of buildings or attached to a perimeter fence/gate\*\*\*

\*\*\*Notify local emergency response departments that this information is available and the location of the I-C-E containers\*\*\*

Date Completed/Revised: \_\_\_\_\_

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

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: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Transportation Contact (Local and Available to Respond for Emergency Incidents) –**

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: 4HOOVES FARM EQUINE SERVICES

NORTH CAROLINA SPECIALIZED MOBILE ANIMAL RESCUE TEAM

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*