

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).

100418d

Date _____ Time _____ am/pm

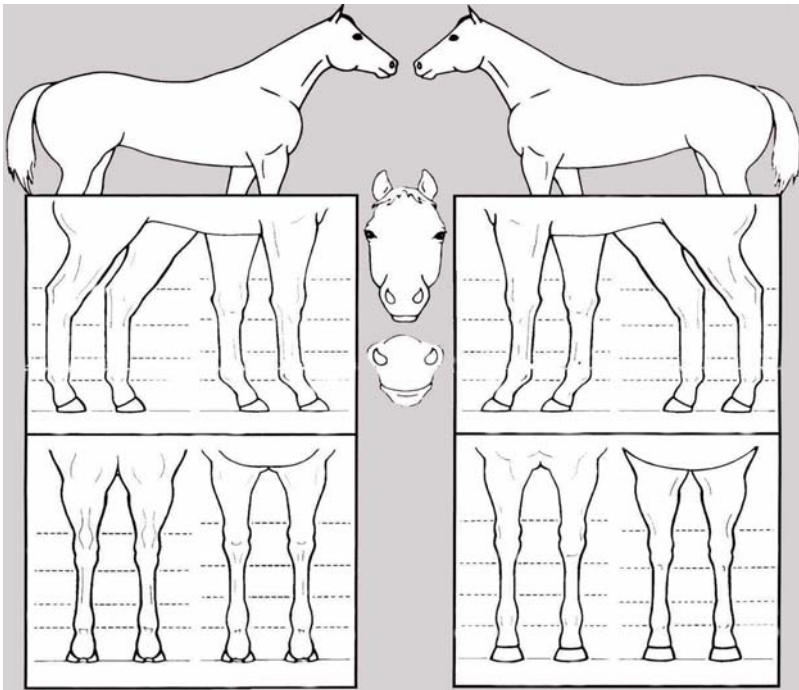
Horse ID Number _____ ((Unit Abrid)[Street Number][a,b,...] e.g. SL135a)

Units: BD:BD Felton:FT Mid-County:MCT So-County:SCT 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 & cross street _____ Max Rig Siz _____



Breed of horse or Species _____

Sex _____ Age _____ Hieght _____ Weight _____

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? _____

Special-Medications provided _____

Horse loading difficulty? easy medium hard don't know What works(helpful hints):

How boarded?(pasture, stall, etc) _____

Any visible injuries. If so, explain _____

Other information: _____

Temporary boarding site _____

Evac Driver _____ Assistants _____

Team Number: _____ Date: _____ Telephone _____

Ham Radio? Yes No If yes, Tactical Call Sign(eg EE1, EE2, etc.) _____ Which repeater or simplex frequencies should be used between teams and net control?: