

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

\*\*\*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) –**

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*