

# (COM.1) LARGE ANIMAL IDENTIFICATION & EVACUATION FORM

Fill out ONE FORM PER ANIMAL. Obtain and complete information to the best of your ability – update regularly. If information is not known, write NA. KEEP WITH HORSE.

Owner Name: \_\_\_\_\_ Owner phone(s): \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of animal if not same as above: \_\_\_\_\_

Alternate Contact if you are not available: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

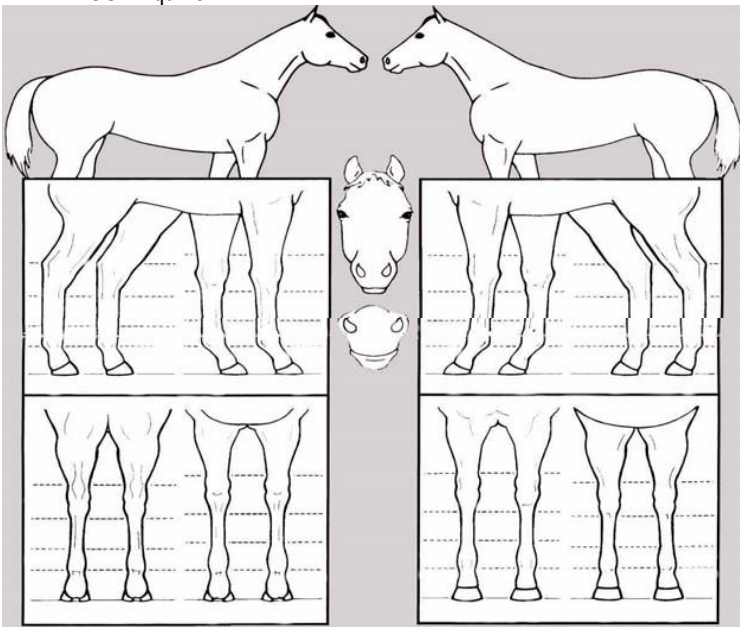
Does the alternate contact have permission to release your animal in case of emergency? \_\_\_\_\_

Signature of owner: \_\_\_\_\_ Signature of alternate: \_\_\_\_\_

## INSERT PICTURES OF YOUR ANIMAL HERE AND/OR PROVIDE DESCRIPTIONS:

MARKINGS - Equine:

MARKINGS - Other:  Cow  Pig  Alpaca/Llama  Other \_\_\_\_\_



Breed / 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  Other Distinctive Colors/Markings: \_\_\_\_\_

Brand or freeze brand: \_\_\_\_\_ Microchip org name & number / Ear Tag# / Scrapie#: \_\_\_\_\_

Feed type & Amount: \_\_\_\_\_

Special-Medications: \_\_\_\_\_

I give SMC LAEG permission to administer the medications listed above. Owner/Agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current boarding description (pasture, stall, alone, with companion, etc): \_\_\_\_\_

Any visible injuries? If so, list & explain: \_\_\_\_\_

Other information: \_\_\_\_\_



REQUEST FOR EMERGENCY CARE AND RELEASE OF LIABILITY  
Fill out and sign ONE FORM PER ANIMAL

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The undersigned are owners (agents) of the animal described as follows:

Name of animal: \_\_\_\_\_ Species / Breed: \_\_\_\_\_

Description of animal: \_\_\_\_\_

Large Animal Activity Release and Hold Harmless Agreement

1. I, \_\_\_\_\_, the undersigned, have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement (this "Agreement") with San Mateo County Large Animal Evacuation Group ("SMCLAEG"), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liabilities.
2. I understand the potential dangers that I may incur in handling large animals such as horses and cattle (or other species); including, but not limited to, any physical interactions with animals, or interaction among animals which directly or indirectly may be dangerous to me. Understanding those risks, I hereby release SMCLAEG, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with SMCLAEG from any liability whatsoever in the event of injury, death, or damage of any nature to me or anyone else caused by, or incidental to, my electing to participate in any training exercise, operation, procedure, or other venture on behalf of or with SMCLAEG.
3. I warrant that this Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Agreement I know and understand that it may further limit the liability of SMCLAEG to include any additional activity involving an equine, cattle, or other large animal, each of which may involve the risk of death, personal injury and/or damage to property.
4. I further voluntarily agree and warrant to release and hold harmless SMCLAEG and its officers, directors, shareholders, employees and anyone else directly or indirectly connected with SMCLAEG from any liability whatsoever, including, but not limited to, any incident caused by or related to the actions or omissions of any trainer during this exercise or others, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from activities including: walking; grooming; feeding; handling of horses, cattle, and other large animals, as well as use of any horse barn, paddock, trails or horse ring, in any capacity; or my failure to understand any directions relating to any exercise.

Person voluntarily entering into this Release and Hold Harmless Agreement:

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (printed name) \_\_\_\_\_ (phone #)

By signing this, I represent that I understand the terms and have the capacity to enter such Agreement.

IF THE PERSON ABOVE IS A MINOR:

If the person above is a minor, person representing himself/herself as the lawful Guardian under this Release and Hold Harmless Agreement and consenting to its terms:

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (printed name) \_\_\_\_\_ (phone #)

By signing this, I agree I have the authority to represent myself as a lawful Guardian.