

# LARGE ANIMAL IDENTIFICATION & EVACUATION FORM

Fill out **ONE FORM PER ANIMAL**. Complete information to the best of your ability – update regularly  
**KEEP WITH ANIMAL**

Contact/Owner \_\_\_\_\_ Contact/Owner phone \_\_\_\_\_

Contact/Owner Address \_\_\_\_\_

Can Trailer U-turn @ this address?  Yes  No

Location/Address of animal \_\_\_\_\_

Can Trailer U-turn @ this address?  Yes  No

Alternate contact if you are not available \_\_\_\_\_ Alternate phone \_\_\_\_\_

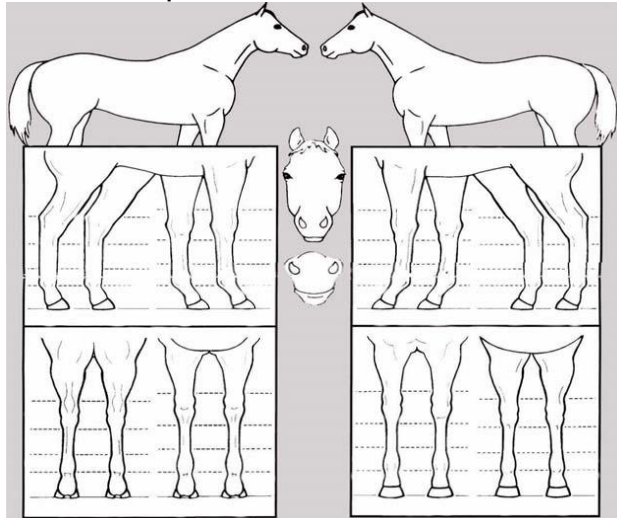
Does the alternate contact have permission to release your animal in case of emergency? \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Signature of alternate contact \_\_\_\_\_

## CONTACT/OWNER TO FILL OUT

INSERT PICTURES OF YOUR ANIMALS HERE OR PROVIDE DESCRIPTIONS

MARKINGS - Equine:



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

Breed / Species \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Animal Name \_\_\_\_\_

Body Color:  Bay  Black  Brown  Buckskin  Chestnut  Dun  Grey  Grullo  LiverChestnut  Palomino  White  Other \_\_\_\_\_

Color Pattern:  Solid  Tobiano  Overo  Leopard  Blanket  Snowflake  Roan  Other \_\_\_\_\_

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

Currently Boarded? (pasture, stall, alone, with companion, etc): \_\_\_\_\_ Feed type & Amount: \_\_\_\_\_

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

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

Other Information: \_\_\_\_\_



**REQUEST FOR EMERGENCY CARE AND RELEASE OF LIABILITY**

Fill out and sign **ONE FORM PER ANIMAL**

The undersigned are owner(s) of the animal described as follows:

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

Description of animal: \_\_\_\_\_  
(As described on reverse)

I (we) request emergency sheltering, and/or transportation, and/or evacuation of the animal listed above due to a pending or occurring disaster. I (we) hereby release the person or entity who is receiving the animal (hereinafter referred to as "animal evacuators") from any and all liability of injury or death during the care, transportation, and sheltering of the above animal during and following this emergency. Person or entity includes but is not limited to: San Mateo County Large Animal Evacuation Group responders or its designees; veterinarians or farriers assisting in the care of above animal; professional horse haulers; caregivers at relocation facilities and their designees; relocation facilities and their staff; any and all government agencies.

I (we) acknowledge that if emergency conditions pose a threat to the safety of the animal(s), additional relocation may be necessary, and this release extends to such relocation.

I (we) acknowledge that the risk of injury or death to the animal during an emergency cannot be eliminated (although every effort will be made to prevent harm to the animal) and agree to be responsible for any veterinary expenses which may be incurred in the treatment of the animal(s). I (we) also acknowledge responsibility to contribute financially to the feeding and daily care of the animal.

I (we) agree to claim the animal(s) within seven (7) days or notify caregivers of other arrangements if I (we) are not able to claim above animal(s). I (we) acknowledge that the above animal(s) could be adopted or relocated if animal(s) are not claimed within fourteen (14) days.

Owner (agent) \_\_\_\_\_ Date \_\_\_\_\_  
(Please print)

Owner (agent) \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Address and phone number(s) \_\_\_\_\_

Please contact the holding area within 24 hours of the evacuation, to claim your animal(s).

Please read and sign this release of liability and San Mateo County ordinance and restrictions concerning the holding of your animal.

Witness \_\_\_\_\_ Relationship/Title \_\_\_\_\_