

# 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.

Evac Area: Pacifica Montara Moss Beach HMB North HMB Proper HMB South La Honda Other \_\_\_\_\_

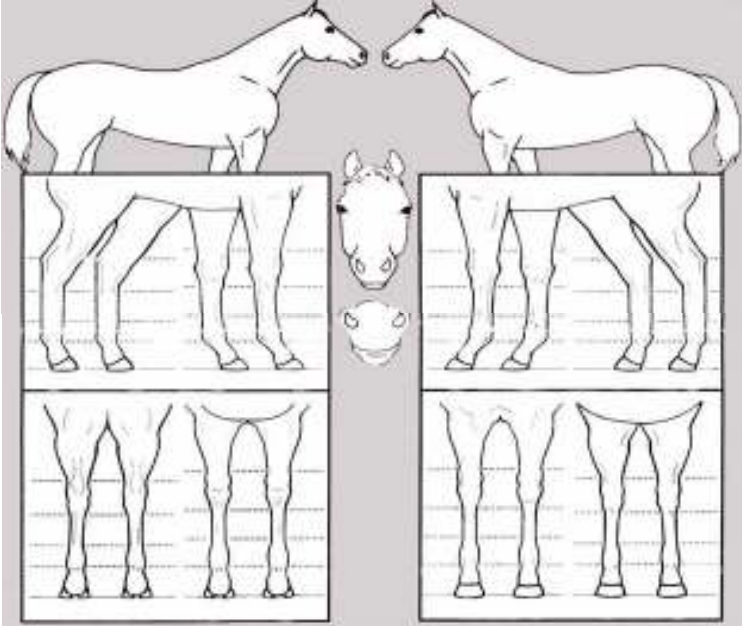
Contact person: \_\_\_\_\_ Owner: \_\_\_\_\_ Contact/Owner phone: \_\_\_\_\_

Address \_\_\_\_\_ Can Rig U-turn @ this address? Yes No

Location of pick-up \_\_\_\_\_ Can Rig U-turn @ this address? Yes No

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  LiverChestnut  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: \_\_\_\_\_

Temporary boarding site: \_\_\_\_\_

How boarded currently? (pasture, stall, alone, with companion, etc): \_\_\_\_\_

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

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

*CLAEvac Use Only*

Driver \_\_\_\_\_ Assistant(s) \_\_\_\_\_

Telephone(s) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm



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

Fill out and sign ONE FORM PER ANIMAL

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

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

**Description of animal:** \_\_\_\_\_  
(As described in attached Large Animal Evac Form)

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 caregivers") 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: Equestrian Trails, Inc.; ET1357 and it's Mounted Assistant Unit responders or it's designees; veterinarians or ferris 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. The owners (agents) acknowledge that if emergency conditions pose a threat to the safety of animal, additional relocation may be necessary, and this release extends to such relocation.

The animal owners (agents) 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 their animal. Owners (agents) also acknowledge their responsibility to contribute financially to the feeding, and if possible, to the daily care of the animal.

Owners (agents) agree to claim animal within thirty (30) days or notify caregivers of other arrangements if owners (agents) are not able to claim above animal. Owners (agents) acknowledge that above animal could be adopted or relocated if animal is not claimed within thirty (30) days.

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

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

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

**Witness** \_\_\_\_\_ **Title** \_\_\_\_\_