



EQUINE

EVACUATION

INFORMATION


Horse 	Horse's Name:										
	Breed/Registration Number:										
	Color:										
	Markings:										
Permanent ID/Brand/Tattoo/Microchip/Ear Tag:											
Sex of Horse (<input checked="" type="checkbox"/> applicable box):		Stallion		<input type="checkbox"/>	Gelding		<input type="checkbox"/>	Mare		<input type="checkbox"/>	
Age:		Height:		Heart Rate:		Temperature:					
Vaccinations:											
Health Issues:											
Medications/Dosage:											
Concerns/Restrictions:											
Feeding Instructions:											
Name(s) of Horses CANNOT be pastured with:											
Veterinarian:											
	Phone:										
Alt Veterinarian:											
	Phone:										
Farrier:											
	Phone:										
Other:											


Horse's Photo Here

Keep this form in a Waterproof Sleeve and attach to horse's head/neck in case of evacuation to pasture or other site.



Horse's Name:	
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Owner 	Owner's Name:						
	Phone Numbers:	Home		Work		Cell	
	Email:						
Home Address:							
Name & Address of Employer:							
Emergency/Alternate Contact:					Phone		
Other:							
Other:							

Barn 	Barn Owner/Manager's Name:						
	Phone Numbers:	Home		Work		Cell	
	Email:						
Home Address:							
Place of Employment:							
Emergency/Alt #1 Contact:					Phone		
Emergency/Alt #2 Contact:					Phone		
Other:							
Other:							

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