

# EQUINE EVACUATION FORM

Fill out one form per horse. Obtain information to the best of your ability. If information is not known, write NA (not available). 080731

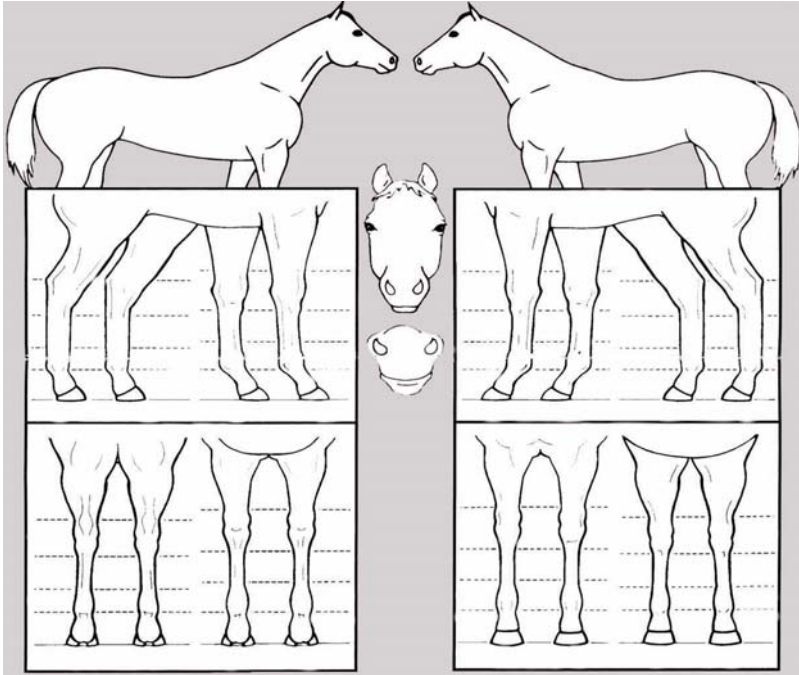
Evac Number \_\_\_\_\_ ([Unit Abridged][Street Number][a,b,...] e.g. SL135a)

Units: BD:BD Felton:FT Mid-County:MCT So-County:SCT San Cruz:SC Scotts Valley:SV Skyline:SL SLV:SLV Summit:SM

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

Address \_\_\_\_\_ Rig U-turn? Yes No

Location of pick up & cross street \_\_\_\_\_ Max Rig Size \_\_\_\_\_



Breed of horse or 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

Brand or freeze brand? \_\_\_\_\_

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

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

How boarded?(pasture, stall, etc) \_\_\_\_\_

Any visible injuries. If so, explain \_\_\_\_\_

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

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

Evac Driver \_\_\_\_\_ Assistants \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Animal Services Contact: 831-454-7303 & Press 1