



EMERGENCY PLANNING WORKBOOK

CONTACT INFORMATION (LOCAL)

OWNER: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

RESPONSIBLE FRIEND: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

BARN & MANAGER NAME: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

VETERINARIAN: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

FARRIER: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

INSURANCE COMPANY (Horse) _____

INSURANCE COMPANY (Barn) _____

FEED STORE/HAY SUPPLIER: _____

CONTACT INFORMATION (TRAVEL LOCATION)

If you are travelling more than 6 hours, you may want to list a few different veterinarians along the way. We also recommend getting a membership with US Rider. They are an invaluable service if you have an incident or breakdown along the way (not only can tow/repair your vehicle & trailer, but can also haul your horses and overnight them somewhere).

BARN & MANAGER NAME: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

VETERINARIAN: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

FARRIER: _____

ADDRESS: _____

PHONES: _____

EMAIL: _____

NOTES:

EMERGENCY NUMBERS:

FIRE: _____

POLICE: _____

ANIMAL CONTROL: _____

STATE VET: _____

GAS COMPANY: _____

ELECTRIC COMPANY: _____

WATER COMPANY: _____

HUMANE SOCIETY/ASPCA: _____

LARGE ANIMAL EMERGENCY RESPONSE TEAM: _____

RED CROSS: _____

TRANSPORT COMPANIES: _____

OTHER: _____

OTHER: _____

OTHER: _____

OTHER: _____

NOTES:

MAP OF FACILITIES

IS YOUR DRIVEWAY BIG ENOUGH FOR THE FIRE TRUCK? CAN ACCESS EACH BARN?

Paste or draw an outline of your barn and facilities. Make sure to list fire extinguishers, water sources, water/gas/utility shut offs, and any other information you feel is important for first responders to know!

HORSE INFORMATION (Copy this page and have available for EACH horse)

PICTURE OF YOUR HORSE
Include L/R Sides
Front

OWNER: _____

Owner's address: _____

Phones: _____

VETERINARIAN: _____

Phones: _____

HORSE'S REGISTERED NAME: _____

BARN NAME: _____

Age: _____ Breed: _____ Color: _____

Sex: S (stallion) M (mare) G (gelding) C (colt) F (filly) Microchip number: _____

Registration organization: _____ Registration/brand number: _____

ALTERNATE CONTACT: _____

Phones: _____

INSURANCE: _____

Phones: _____

KNOWN ALLERGIES: _____

KNOWN HEALTH CONDITIONS: _____

NORMAL DIET/HAY/PASTURE _____

MEDICATIONS/SUPPLEMENTS _____

HORSE IS USUALLY KEPT: (circle one) PASTURE FULL TIME PASTURE (hours) _____ STALL (hours) _____

NEGATIVE COGGINS DATE: _____ LATEST INNOCULATIONS: Anthrax _____ Botulism _____ EEE/WEE/VEE _____

EPM _____ Flu/rhino _____ Influenza _____ Potomac Horse Fever _____ Rabies _____

Rhinopneumonitis _____ Rotavirus _____ Strangles _____ Tetanus _____ West Nile virus _____

REMARKS _____

DO YOU HAVE YOUR HORSE LISTED IN YOUR LAST WILL AND TESTAMENT? _____

PERSONAL INFORMATION & MEDICAL RELEASE (Copy this page and have available for EACH person who will be at barn.)

CURRENT PICTURE

Name: _____ DOB _____ Phone _____

Address: _____

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies to Medications: _____

Current Medications: _____

In the event of emergency, contact:

Name: _____ Relation _____ Phone _____

Name: _____ Relation _____ Phone _____

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Da Vinci Equine Emergency Transport, LLC, or any of their personnel to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release client records upon request to the authorized individual or agency involved in the medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services, or while being on the property of the agency.

_____ Parent or legal guardian will remain on site at all times during equine activities.

_____ In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

IF YOU NEED TO EVACUATE (due to fire, flood...) DO YOU HAVE?

A PLACE TO GO _____

(very often state fairgrounds or state equestrian parks are listed as shelters)

TRANSPORT FOR YOUR HORSES _____

A PLAN (how quickly can you leave if you need to?) _____

A MEETING PLACE FOR FAMILY/FRIENDS _____

HAVE YOU TOLD SOMEONE WHERE YOU WENT _____

SECURITY WHERE YOU WILL SHELTER YOUR HORSES _____

AT LEAST 72 HOURS OF FEED, HAY, WATER, MEDICATIONS _____

(for each human and horse!) (store in plastic bags and up high)

IF YOU WILL NOT EVACUATE. DO YOU HAVE?

A PLACE TO SHELTER IN PLACE SAFELY _____

(do NOT stay in the barn with your horse during the storm) (do NOT lock horses in stalls, they need to be able to escape if the barn collapses)

AT LEAST 5-7 DAYS OF FEED, HAY, WATER, MEDICATIONS _____

(for each human and horse!) (store in plastic bags and up high) (store water BEFORE the storm in trash cans and cover)

A PLAN (how quickly can you leave if you need to?) _____

WATER PURIFICATION

BOIL WATER FOR 1 MINUTE AND LET COOL BEFORE USING

ADD 8 DROPS (1/4tsp) OF HOUSEHOLD BLEACH PER GALLON OF CLEAR WATER OR 16 DROPS (1/2tsp) PER GALLON OF CLOUDY WATER

MIX AND LET STAND FOR 30 MINUTES

AFTER THE STORM – IS YOUR DRIVEWAY CLEAR AND EASY FOR FIRST RESPONDERS TO ENTER?

- CHECK STRUCTURES, FENCE LINES FOR FALLEN OBJECTS, SHARP OBJECTS, DOWNED POWER LINES, DANGEROUS WILDLIFE
- CHECK TO MAKE SURE WATER SOURCE IS NOT CONTAMINATED
- CHECK FOR GAS LEAKS
- EXAMINE HORSES FOR INJURIES OR ILLNESS
- HAVE TOOLS AND MATERIALS FOR REPAIRS