

Equine Evacuation Information

Date _____

Owners Name _____ Owners Signature _____

Owners Address; _____

Owners Telephone Number(s) hm _____ Cell _____

Location Horse Picked up from _____

Location Horse Delivered to _____

Transporters Name _____

Telephone Number _____

Signature _____

Receiving Stable Name _____

Telephone Number _____

Signature _____

Was Owner Present for Transport? Yes/No

Was Owner Present for Delivery? Yes/No

Horse Identification Description

Outline white or black markings, note colours, scars, tattoos or brands

Horses Name _____

Breed _____ Sex _____ Color _____

Registration # _____ Brand _____

Microchip (yes/no) _____ Tattoo _____

Scars or Marks _____

Height _____ Weight _____ Age _____

Insurer _____ Phone _____

Veterinarian _____ Phone _____

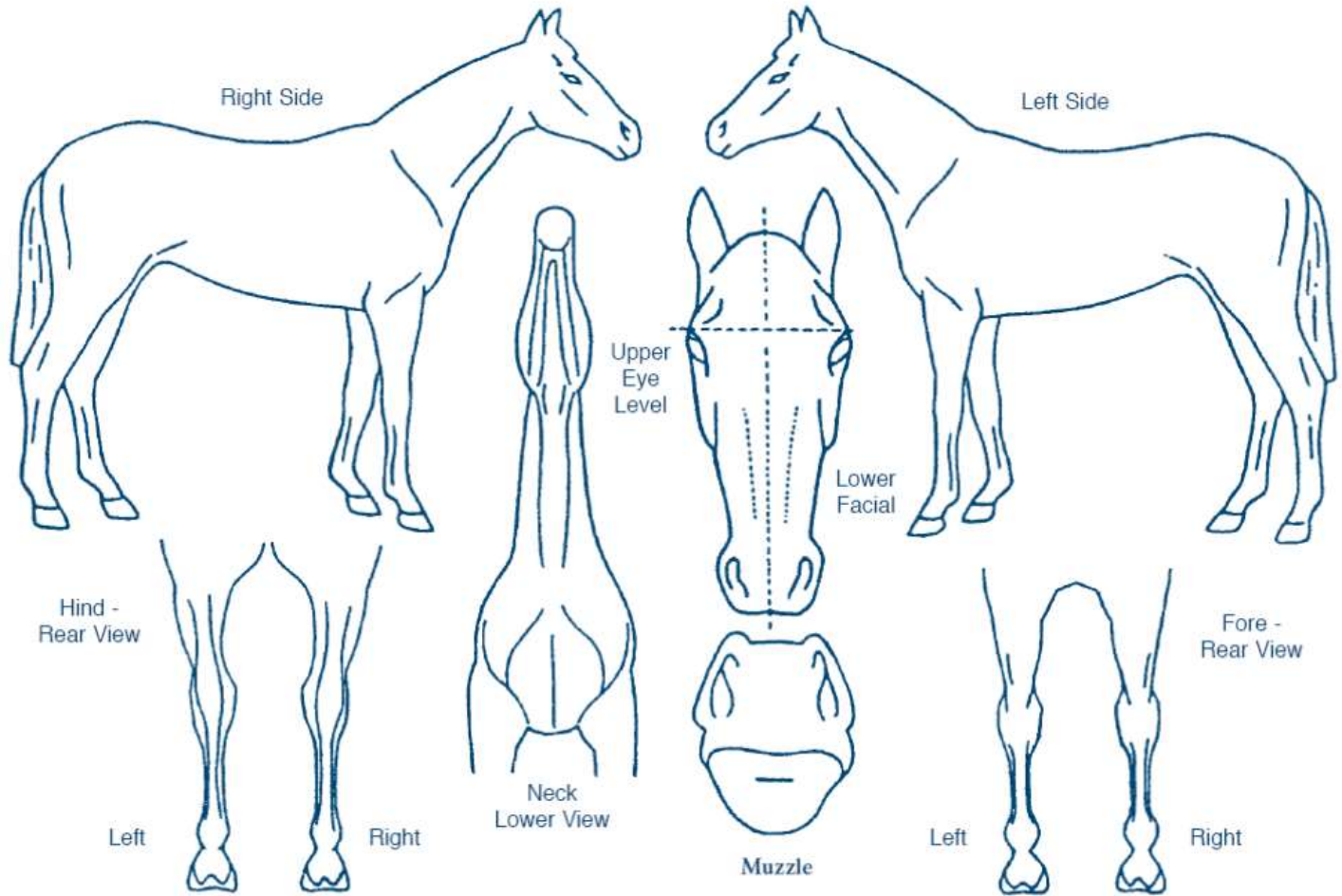
Alternate Emergency Contact

Name _____

Phone#'s _____

Please fill out diagram on page two

PLEASE DRAW ALL WHITE MARKINGS AND PUT "X" WHERE COWLICKS APPEAR



- You may wish to attach pictures of the horse instead of using this diagram. Please take front, rear, left and right side shots no tack, fly mask or blankets.

Notes on general condition of horse:

Return to Horse Council BC industry@hcbc.ca
Fax 604-856-4302
PH 604-856-4304
www.hcbc.ca