North Carolina Equine Disaster Sheltering Plan

Plan Drafted 7/10/08
By Equine Disaster Response Alliance (EDRA)
EDRA Members

Emergency Programs, Veterinary and Marketing Divisions

Southern Pines Equine Associates
Participating Stakeholder Groups
The Equine Disaster Response Alliance (EDRA) is a collaborative effort between groups that represent the broad interests of the equine industry and owners. This plan is the result of the efforts of EDRA to develop a comprehensive transportation and sheltering plan customized to address the specific needs faced by the horse industry during a disaster.

EDRA is a joint venture of:
- N.C. Department of Agriculture and Consumer Services
- N.C. Horse Council
- N.C. State University College of Veterinary Medicine
- N.C. Cooperative Extension/N.C. Extension Horse Husbandry
- Private veterinarians

Assumptions
- County EM (Emergency Management) has the primary responsibility for all response actions during natural disasters and emergency events on the county level. County EM will likely task Extension and/or Animal Control to direct and control all activities to assist owners related to equine protection and control during an emergency.
- Support agencies include members of N.C. State Animal Response Team (N.C. Department of Agriculture and Consumer Services, College of Veterinary Medicine, Private Veterinarians, REINS, the Horse Council, and other Equine groups) as well as other county agencies and volunteers (County Animal Response Teams CARTs).
- Any emergency resulting in evacuation of residents to a shelter may result in equine issues.
- The protection of equines is the responsibility of their owner.

Incident Command Structure for the Event:
Staffing the Command Center
- County EOC:
  - County EM is the lead local emergency response agency for the event
  - County Extension/Animal control lead for animal issues
  - CART (includes volunteers) may serve on ICS Section levels or lower as directed through County plan.
• **State EOC**
  - State EM is the lead state emergency response agency for the event
  - NCDA & CS is the lead State Agency for all domestic animal issues during events
  - AgEOC, located on the Mezzanine Floor of the Agriculture Building, is the physical location for command and control management of domestic animal issues through ICS. The AgEOC is the command center during disasters where SART (the State level multi agency partnership responsible for resolving animal issues during disasters)
  - Extension provides an agent to the AgEOC to help provide County level agricultural assessments during activation.
  - The horse industry will provide a representative(s) to the AgEOC during activation to provide assessment specifically related to horse issues.
    - **Duties would be to:**
      - Pre-landfall: Help assess the needs for emergency county equine shelters during evacuation phases before landfall.
      - Post landfall: first 24-48 hrs post landfall assist in assessment of both sheltering operations as well as horse needs in affected areas
      - deployment to the AgEOC may last several days to one week unless storm is extreme in nature

**Public Outreach and Media Relations about the plan**

Horse owners throughout North Carolina need to be aware that caring for their horses during an emergency is their responsibility and resources are available to help them before, during and after an emergency. EDRA is utilizing several public relations tactics to educate the horse industry on both responsibilities and resources.

- A brochure, written to the horse owner, informs readers about the mission of EDRA and highlights basic emergency tips as well as where to go for additional information. The cost of the brochure was covered by the N.C. Department of Agriculture and Consumer Services.
- A laminated poster that is designed to hang in a stable or other high-traffic horse area. The poster will include a 24-step disaster planning guide as well as information about EDRA.
- A CD that will include the brochure, the poster, a PowerPoint presentation, the emergency sheltering plan and other emergency preparation documents. This CD is intended to provide county extension agents and emergency managers with tools they can use to educate their clientele.
- The brochure, poster and CD will be distributed to county extension agents and emergency managers as a mailing in August.
- Webinars will be conducted that will push the plan and resource information to county agents, REINS, and Horse Council groups will also be done. (NCDA & CS in partnership with UNC PH).
**Appropriate Response Level**
The response level for the equine evacuation plan should begin at the county level, then proceed to the regional and state levels as appropriate. Ideally, in the event of an evacuation, equines will stay close to home and be moved to a shelter within their home county or in a neighboring county. Counties will operate under the guidelines and perimeters of the Mutual Aid Agreement and also request assistance from the State EOC through their County EOC when needed.

The AgEOC will mirror the response level and work shifts of the State EOC until the operations can be properly demobilized.

**Transportation Protocols, Location of Sheltering Sites**
The sheltering and protection of equines, including transportation, is the responsibility of their owners. Local and regional facilities that may be used as emergency sheltering facilities have been identified throughout North Carolina, as well as a list of transporters and feed suppliers. Please see Appendix 1 for a partial list of sheltering sites and Appendix 2 for a partial list of equine service providers. For a complete and current list, please visit: [www.ncagr.com/markets/livestock/horse](http://www.ncagr.com/markets/livestock/horse). Equine owners should contact the facilities and suppliers directly to make arrangements. Appendix 3 provides additional tips to help horse owners prepare.

**Appropriate Staffing for Sheltering Sites**

**County Sites**

County EM is the lead for all county emergency issues including Equine Emergency Shelters. It is likely that REINS volunteers and Extension staff will be tasked if available with primary responsibility for running county equine shelter sites, supported by volunteers.

1) County Shelter Supervisor: Person who is in charge of Equine Shelter operations/oversight.
2) Owners are responsible for their horses’ care; if the owner is not willing or able to provide care; the owner is responsible for finding an alternate caregiver.
3) Each shelter should be ready to provide Veterinary support (either local or requested from County EOC to State EOC)
4) Please see Appendix 4 for a listing of additional county volunteer resources.
Regional Sites

State EM is the lead for all state emergency issues including Equine Emergency Shelters. It is likely that NCDA & CS and partners will be tasked with primary responsibility for running Regional equine shelter sites, supported by county personnel and volunteers.

1) Regional Shelter Supervisor: Person who is in charge of Equine Shelter operations/oversight.
2) Owners are responsible for their horses’ care; if the owner is not willing or able to provide care, the owner is responsible for finding an alternate caregiver.
3) Each shelter should be ready to provide Veterinary support (either local or requested from County EOC to State EOC).
4) Please see Appendix 4 for a listing of additional county volunteer resources.

Shelter Descriptions

County Emergency Equine Shelters:
Sites: see appendix 1

1) Shelters operated at designated sites that offer facilities to owners that have evacuated due to storm.
2) Owners will provide primary care for their horses.
3) Local Veterinarians would provide vet care if needed. If not available, Shelter Supervisor should request Vet resource from County EOC as appropriate.
4) Owners wishing to stable horses at facilities with known status should use Commercial stables which require Coggins test prior to entry (website: http://www.ncagr.com/markets/livestock/horse/directory/index.htm)

Regional Equine Emergency Shelters

Sites: Sampson County Livestock Arena, Wayne County Fairgrounds, NCDA*&CS Martin Center

1) Shelters operated at designated sites that offer facilities to owners that have evacuated due to storm without current Coggins test.
2) Shelters that can also accept horses rescued after landfall.
3) Owners will provide primary care for their horses if possible.
4) Personnel will be required to provide care for rescued horses.
5) Local Veterinarians would provide vet care if needed. If not available, Shelter Supervisor should request Vet resources from County EOC as appropriate.
EIA Rules for all public shelters

1) It is strongly recommended that owners bring EIA test charts to shelters. In no way should a lack of a current Coggins test chart inhibit an owner’s desire to seek shelter at one of the approved sites.

2) For horses arriving from another state, the CVI requirement will be waived, as well as the Coggins requirement until it reaches the NC shelter.

3) Horses that arrive without current EIA-negative test charts will have blood drawn for EIA (Elisa or AGID, dependent on circumstances- lab decision).

4) Local practitioners will be contacted as “first choice” to draw blood for EIA test. Hopefully they will provide the service “gratis” or at a reduced fee. --NCDAC&CS, Vet Division (& EP?) VMO’s will draw blood if local practitioners are not available, and transport to Rollins. --EIA test to be run at Rollins at the normal $6 per sample rate.

5) Horses that leave the shelter prior to results becoming available will be home-quarantined until negative results are received. Vet Division VMO’s will oversee any quarantining and release responsibilities or out of state notification.

6) Shelter must keep a log of “time entering” and “time departing” shelter (in case of EIA positive to determine exposed animals).

7) Owners will sign a waiver at time of entry acknowledging the potential risk of EIA exposure & agreeing to “home quarantine” if arrive & leave without a negative EIA test.

Volunteer information

1) Training: Volunteers must take the Basic SART/ICS/HazMat training provided by SART to qualify as a SART Level One Responder. Training also provides an understanding of the ICS system under which all emergency services, including CART, operate. See NCSART website for more info. (www.sartusa.org)

2) Liability and Worker’s Comp coverage: If volunteers are registered as NCSART volunteers, and have completed training, they can be covered under the State’s liability/worker’s compensation policies while they are deployed in an emergency. To ensure that volunteers are covered if activated in a county, CART coordinators must notify the SART Executive Director of the names and social security numbers of those volunteers being deployed who are trained as Level One Responders so that they can be added to the State’s
insurance policies. CARTs are encouraged to develop a contact list of volunteers with telephone numbers, e-mail addresses, street addresses and cell phone numbers.

**Activation of volunteers**

1) **County EM** will activate CARTs as well as authorize the opening and closing of emergency shelters. CART Coordinators may then be tasked to activate volunteers. For Equine shelters, it is likely that Extension or Animal Control will take the lead on activating and supervising equine shelters. This may vary in other counties.

2) **Official Identification for Volunteers** CART volunteers will need identity badges or official authorization such as a official mission request, to enable them access to restricted areas or shelter sites. Identity badges or other proper authorization will be issued to volunteers at check-in areas either in the County/Regional EOC’s or at the shelter as appropriate.

**Additional volunteer guidelines:**

1. **Volunteers who are prepared to work with** CART must sign a VOLUNTEER AGREEMENT, a SART CODE of Conduct AND RELEASE OF LIABILITY form in order to assist in a disaster. This form is included in the Appendix.

2. In an emergency, volunteers will be contacted by telephone and advised as to when they will be needed at the shelter. Volunteers should make sure that their own homes are secure before responding. A volunteer whose mind is on things at home will not be helpful at the emergency site.

3. As directed, volunteers should go directly to the check in area to pick up their identification badges. No badge will be issued to a volunteer who has not signed the VOLUNTEER AGREEMENT, SART Code of Conduct AND RELEASE OF LIABILITY form. Identification badges must be returned once the emergency is over and the volunteer has been relieved of duty. Volunteers may be directed to pick up their badges immediately after being notified that the shelter has been activated, even though they may have been asked to come to cover a later shift. This will save time when the volunteer’s shift does start and will permit the volunteer to be on the road once a curfew is in place.

4. When the volunteer has been notified to be at the shelter for the start of his/her shift, the volunteer should report to the Shelter Supervisor.

5. If CART volunteers are to be sheltered at the Red Cross shelter, they must log in with the Red Cross staff at the main school entrance prior to starting a shift.

6. Volunteers will be logged in and out of the CART shelter using the Emergency Shelter Staff Check-In form.

7. Duties at the shelter will be assigned to volunteers by the Sheltering Supervisor. Duties will be assigned according to volunteers’ particular skills and abilities.

**Sheltering Protocols:** Facilities should be assessed pre-event to determine the following:

a. suitable location:
   - easy access for large trucks and trailers,
• not prone to flooding etc
• adequate power, water, fencing/containment, security etc.

b. capacity
• existing capacity
• surge capacity (available area to set up temporary housing)
• equipment needs to establish surge capacity

c. Resource needs:
• personnel
• shelter equipment list

Sheltering policies:

1) Owners should complete the Shelter Registration form to admit their animals into the shelter. Rescue horses should also be registered by Rescue Personnel. A copy of a current Coggins test or a similar description of the horse should be completed to aid in identification. If possible a photograph of horses should be taken.

2) County Emergency Shelters will be operated as “Use at your own risk” facility (Unknown Equine Health Status Facilities). It is suggested that County Sheltering Supervisors arrange for owners of horses of unknown status to have their horses tested by local Veterinarians at owner cost. Horses with obvious health concerns should be referred to veterinary clinics rather than be sheltered at Emergency Shelters. County shelters without veterinary support should plan to request Veterinary resources through their EOC.

3) Owners will be given instructions upon arrival as to sheltering guidelines. Unless specified, owners should agree to take care of their horse. If shelters provide personnel to care for horses, owners should sign an emergency care waiver and check in at least every 48 hrs. Owner contact information gathered at registration will include emergency contact numbers and it is required of owners to update as changes occur. Emergency care waivers should state if the owner has a dollar amount restriction that will require approval to go over as well as whether the horse is insured. (If so, insurance contact information should be taken).

4) Estimates on amounts and types of Hay and other feedstuffs for horses based on the capacity of the shelter should be planned for pre-event. In large events, donations are usually available but may not be accessible for up to a week after the event. Storage areas for feedstuffs, tack, etc should be identified pre-event and assessed to make sure they are adequate (space, weatherproof, secure from theft etc).

5) Arrangements should be made with local veterinarians if possible to provide emergency care for sheltered horses. This service would be provided at cost to the owner.

6) Owners of horses that desire to shelter their horses at facilities that require current vaccination and testing for EIA (Coggins) should be referred to the list of commercial stables at:
http://www.ncagr.com/markets/livestock/horse/directory/index.htm. In addition, Regional Known Status shelters located on State owned facilities will require a current Coggins to admit horses.

7) Regional shelters may also be opened to support sheltering needs. Regional shelters will operate on an at your risk basis and arrange for local Veterinarians to test horses of unknown EIA status upon arrival at owners expense. Rescued horses that are tested and owners found will have owners billed for testing.

8) Owners that board their horses at Emergency Shelters should receive a notice at discharge, recommending that they do a Coggins retest 60 days after leaving the shelter as a precaution, because of the 42 day incubation period. (for extended stay horses)

9) Rescue Horses (horses without owner information) that are boarded long term may need to be fostered if the current facility has to be closed. Horses that are to be fostered should be at a minimum:
   - Coggins Tested and Vaccinated before leaving the shelter
   - Complete Fostering agreement and signed by fostering person or agency

County Equine Sheltering SOP- “ABC’s” for county planning

A. Assessment:

   a. County assessment- the first step is to assess the

      i. Equine population: Assess the likelihood that equine would need sheltering due to a natural disaster or due to failed evacuation while traveling.

         1. Access equine owner capabilities in county-

            a. Evacuation (At Risk) counties- are owners prepared to evacuate or will they plan to shelter in place?

            b. Host Counties: Determine whether county will provide sheltering or refer owners to boarding facilities as a primary plan. Still, counties may need to provide auxiliary shelters for owners that must seek temporary sheltering.

      ii. County role in NC At Risk/ Host Strategy for Mass Care/Sheltering Policy

            a. See Shelter site assessment worksheet-Annex

            b. At risk Counties: Evacuate or shelter in place:
i. Evacuate
   1. transport resource list etc

ii. Shelter in place:
   1. Panels, feed, water
   2. Rescue support
   3. Veterinary support

c. Host counties
   i. Shelter sites: assess capacity, water, electricity, access
   ii. Sheltering staff
      1. owners to take care of animals
      2. Volunteer staff
   iii. Feed and water
   iv. Veterinary support

iii. Long Term Sheltering
   1. There may be a need to shelter animals for weeks vs. just a temporary evacuation/return to normal type of situation. If pastures are contaminated or destroyed, a shelter may need to be provided while owners recover. Sheltering for longer time periods may occur at County or Regional shelters depending on the situation.
   2. Long Term shelters will need continued support
      a. Staffing
      b. Food and water
c. Vet support

d. Manure disposal etc.

e. Assess shelter site- suitability as well as ability to shelter horses long term

3. Long term Source of trained personnel for staffing

4. Ability to lodge volunteers that are requested to work shelter

B. Shelter Operations

a. Determine resource needs and arrange agreements or contracts to procure for set up and operation of shelter (local owners, pony clubs, vendors etc)

i. Panels, gates, etc

ii. Buckets, hay nets, tack (halters, lead lines etc)

iii. Forms for registration/id- See Annex 2

b. Identify and train staff as needed

i. Volunteer policy:

1. Code of conduct (see NCSART code)

2. Liability etc

ii. Shelter supervisor

1. ICS 100, 200, 700

2. Equine Sheltering training

3. Equine First Aid

iii. Personnel to muck stalls, feed, water, and exercise animals

1. ICS 100,

2. Equine Sheltering training

iv. Transport personnel
1. ICS 100
2. Equine Transport training

v. Rescue personnel
1. ICS 100
2. Equine Transport training
3. Technical Rescue
4. Equine First Aid

vi. Veterinarian
1. ICS 100

Each CART should create a Standard Operating Procedures (SOP) guide for shelter operation. The SOP should include:

- Telephone tree to activate volunteers
- Facility checks before and after the operation of the shelter
- Logging in and out of animals
- Records of volunteers
- Shelter rules
- Visitation/care of animals by owners
- General management of volunteers
- Post-emergency cleaning of premises
- Release of liability of CART and the county by volunteers
- Obtaining identification badges so volunteers may use the roads after they are closed to the general public

(Sample forms for volunteer registration, animal intake and release, shelter rules and volunteer management are included at the end of each section.)

Once the animals are discharged, the premises may need to be thoroughly cleaned by CART volunteers as directed by CART Sheltering Supervisor.

If possible, it is a good idea to schedule a drill (outside regular hours). Use this opportunity to practice setting up the intake tables and forms, and run the volunteers through the actual intake and exit procedure. This is a great preparation and confidence-builder. The CART volunteers should be encouraged to make suggestions for improvements/changes following the exercise. These should be included in the post-exercise report written by the Sheltering Supervisor or designee.
Be sure to ask volunteers to have a “go bag” prepared before an emergency, which should include a sleeping bag and pillow and 7 days of provisions.

A CART representative should write to thank volunteers who participate in any exercises, as well as those who participate in an actual emergency.

Resource List for AN EQUINE EMERGENCY SHELTER

ADMINISTRATIVE SUPPLIES

- Clipboards for stalls/holding pens
- Volunteer registration forms
- Volunteer ID badges
- Animal intake registration forms
- Registration log book
- Pens for clipboards
- Table and chairs at intake area

CLEANING/ANIMAL CARE/MAINTENANCE SUPPLIES

- Disposable rubber gloves
- Buckets
- Lead Lines, halters of various sizes
- Feed buckets, hay nets
- Plastic lined trash containers/Plastic bags
- Scoops, manure rakes, or shovels to remove manure
- Wheel barrel to haul manure
- Quaternary disinfectant/Bleach/cleaning fluid
- Hay and feed/Water
- First Aid Kit (for volunteers and horses)
  - Band-Aids
  - Gauze pads and rolls
  - Self adhesive elastic wrap
  - Antibiotic cream
  - Rubbing alcohol
MATERIALS FOR CONSTRUCTION OF TEMPORARY STALLS/PENS (IF NEEDED)

- Wire/twine/chain
- Wire ties or clips
- Wire cutters
- Panels
- Stakes for panels to reinforce Stall/pen if needed
- Solar powered electric chargers

Liability/Release/Discharge Forms

- Shelter Volunteer Agreement and Release of Liability
- Animal Care Schedule
- Animal Release to Foster Care
- Animal Rescue Request Form
- Daily Situation/Shift Report
- Emergency Release Form
- Lost Animal Alert Form
- Animal Intake/Release Form
- Animal Release to Veterinary Facility
- Donations Received
- Equine Sheltering Registration Form
- Registration and Pet-Friendly Public Evacuation Shelter Agreement
- Sign Out, Release and Discharge Form
- Abandonment of Animals Policy
Appendix 1
Possible County Sheltering Sites/Resources

Cabarrus County
Cabarrus Arena and Events Center
4751 Hwy 49 North, Concord, NC 28025
Contact: Mike Downs, 704-920-2100
Amenities: 240’ x 120’ covered arena

Catawba County
Hickory American Legion Fairgrounds
Contact: Ralph Adcock, 828-327-4846
Amenities: 40’ x 100’ covered arena

Davidson County
Davidson County Fairgrounds
Old Greensboro Rd, Lexington, NC 27292
Contact: Vinnon Williams
Amenities: 15 10’ x 10’ stalls

Halifax County
Halifax Horse and Livestock Complex
13763 Highway 903, Halifax NC 27839
Contact: Zoann Parker, 252-583-5161
Amenities: 16 12’ x 12’ stalls

Henderson County
WNC Ag Center
1301 Fanning Bridge Rd. Fletcher, NC 28732
Contact: Matt Buchanan, 828-687-1414
Amenities: 603 12’ x 12’ stalls, 50’ x 250’ covered arena

Jones County
Approximately 20 livestock panels

Martin County
Bob Martin Center
2900 Prison Camp Road, Williamston, NC
Contact: Durwood Taylor, 252-792-5802 Martin Community College
1161 Kehukee Park Rd, Williamston
Contact: Ann Britt, 252-792-1521
McDowell County
McDowell Saddle Club Showgrounds
Highway 226. .5 mi south of I-40
Contact: Becky Lytle, 828-738-0707
Amenities: 10 10’ x 10’ stalls

McDowell Agric. Center Inc.
Highway 226. .5 mi south of I-40
Contact: Boyce Pool, 828-652-5522
Amenities: 10 10’ x 10’ stalls, 30’ x 30’ covered arena

Additional Resources: 50 10’ panels

Richmond County
Camp Millstone
1296 Mallard Dr. Ellerbe, NC 28338
Contact: Gene Shutt, 910-652-5905
Amenities: 100 10’ x 10’ stalls

Additional resources: 3 uncovered arenas

Sampson County
Sampson Livestock Facility
55 Agriculture Place, Clinton, NC 28328
Contact: George Upton, 910-592-7161
Amenities: Livestock Facility has 32 pens that are 480 square feet. All pens are under roof.

Scotland County
St. Andrews Presbyterian College Equine Program
Contact: Peggy McElveen, 910-277-7228

Singletary Riding Center

Stokes County
446 South Main Street, King, NC 27021
Amenities: 120’ x 130’ covered arena

Transylvania County
10 Number of 12-feet-long panels; we also have a portable electric fencing corral; potential Areas for holding horses are private summer camps in the off season

Wilson County
Walter Earle
1806 South Goldsboro Street, Wilson, NC 27893
Contact: Walter Earle, 252-237-0111
Amenities: 8 10’ x 10’ stalls
Appendix 2
Horse Service Providers (Feed, Transportation, Veterinary)

**Beaufort County**
Cee Circle Bar Stable & Farm, 252-946-7484
Cypress Stables, 252-975-3815
Fox Hollow Farm LLC, 252-940-1000

**Cabarrus County**
Transportation, horse hay
Contact: Marvin Bost, 980-521-1302
McDonald’s General Store
Contact: David McDonald, 704-782-6512
McCoy’s Feed and Supply
Contact: Trent McCoy, 704-888-2298

**Catawba County**
Carol Leatherman, 704-462-1964
Lutz Farm and Garden, 704-462-1227
Duan Farm Supply, 828-464-0163

**Craven County**
Allen Unruh, 252-747-8404
Ray Ipock, 252-647-9508
Glenn Ipock, 252-633-6789
Greg Mills, 252-229-0728
We have several more cattle farmers who produce horse quality hay and sometimes have extra hay to sell.

**Cumberland County**
Southern Gin, Fayetteville
Tramway Farm Supply, Sanford
Sanford Feed and Tack
Bulls-Eye Feed, Sanford
Cumberland County Hay Directory

**Davidson County**
Davidson Farmers Co-op, 336-248-2173
Lexington Farm & Garden, 336-248-5333

**Davie County**
Davie Farm Service, 336-751-5021

**Harnett County**
Southern Gin, Fayetteville
Tramway Farm Supply, Sanford
Sanford Feed and Tack
Bulls-Eye Feed, Sanford
Cumberland County Hay Directory

**Jones County**
Hay
Contact: Dennis Lee, 252-671-1737

We have several more cattle farmers who produce horse quality hay and sometimes have extra hay to sell.

**Lee County**
Southern Gin, Fayetteville
Tramway Farm Supply, Sanford
Sanford Feed and Tack
Bulls-Eye Feed, Sanford
Cumberland County Hay Directory

**Lenoir County**
Feed and hay
Parrott Hardware, 252-523-2254

**Martin County**
Feed/hay sources
Martin Supply Co., 252-792-2123
Roanoke Rentals, 252-792-0338
Cellular Warehouse, 252-789-4777
Walmart, 252-792-9033

Additional hay sources
Tim Roberson, 252-795-4396
Joe Harrison, 252-792-2275

**McDowell Co**

**+unty**
Spencer’s Hardware, Farm & Garden Center, 828-652-3958
L&R Country Store, 828-738-0780
Crooked Creek General Store, 828-668-4364
Boyce Pool Hay, 828-652-5522
Howard Plyler Hay, 828-652-9085  
Earl Sprouse Hay, 828-652-5379  
Dixie Mathews Hay, 828-925-0620

**Onslow County**
Carolina Town and Country, 910-324-2112  
Onslow Feed and Grain, 910-324-5212  
Pumpkin Center Lawn and Garden Supplies, 910-347-1646  
S&H Feed and Garden Supply, 910-326-5690  
Maysville Milling, 910-743-3481

**Perquimans County**
Farmers Feed & Seed, 252-426-5505  
Hertford Supply Company, 252-426-5591  
W. S. Winslow, Inc., 252-297-2381

**Person County**
Southern States, 336-599-2185  
Hurdle Mills Feed & Farm Supply, 336-364-7484  
Harold Newton, 336-504-2429

**Richmond County**
Farm Supply, 910-997-2933  
Mercantile on Broad, 910-997-7387  
Vuncannons, 910-652-2791

**Rutherford County**
Oakland Feed & Seed, 828-286-0617  
Farm & Garden of Spindale, 828-286-4789  
Tractor Supply, 828-286-0760

**Washington County**
Roanoke Farmers Exchange, 252-793-4571;  
Big M Parts, 252-793-9053

**Wilson County**
PL Woodard, 252-243-2045  
Wilson County Farm Supply, 252-237-3816
Appendix 3
24 Step Disaster Plan; reprinted with permission by the Canadian Horse Journal

24 Step Disaster Plan

Long Range Disaster Planning

1. Familiarize yourself with the types of disasters that could occur in your area. Develop a written plan of action for each and keep the plan with your important papers. Review your Disaster Plan regularly with everyone involved. Post emergency numbers in a visible location in the stable or barn.

2. Survey your property for the best location for animal confinement for each type of disaster. Identify food and water sources that do not rely on electricity, which could be lost during an emergency. Decide where to take the horses if evacuation becomes necessary.

3. Photograph the left and right sides of each horse as well as its face and neck and lateral lower legs. Have someone take a photo of your horse with you in the picture, to help identify the horse as yours when picking it up from the evacuation area. Record its breed, sex, age and color and keep copies with important papers. As an option you can permanently identify your horses by tattoo, brand or microchip. Temporary identification by tags on the feelers and ears, painted or etched hooves, or even clipping on 10 number onto the horses are also options.

4. Keep your horse’s vaccinations and boosters up-to-date. Record the dates, dosages and types of medications/health products the animal receives and any dietary requirements. Keep copies of this with your important papers and with your Disaster Plan.

5. Keep extra bedding, pitchforks and shovels on hand. If space allows, keep an extra wheelbarrow.

6. Keep your horse trailer or van insured, in good condition, and checked for safety. Keep your towing vehicle insured and in good running order, with gas tank full and spare gas on hand.

7. Make sure your horse will load! The trailer is useless if you can’t get the horse to go in.

8. Make an owner’s index of hay and grain, and keep extra medications and veterinary supplies on hand.

9. Keep extra bandages on hand should a horse become injured during a crisis. Ask your veterinarian what is available and what you are allowed to administer.

Advance Disaster Planning

10. Have a halter and lead ropes designated for EACH horse and hang it outside its stall or on the paddock gate.

11. Keep extra feed buckets at your barn, to be sent with the horse when evacuated.

12. Stockpile at least three or more days of feed and hay. Stockpile medications and supplements. Store extra water in large containers, eg, rubber garbage tub. Keep food and medications in an airtight, waterproof container, and rotate them every three months.

13. Make 10 bags handy for your horses (luggage tags work well with your name, address, horse’s name and description, vet’s name and phone number, feeding instructions and special needs. These can be attached to the halters or mares and stalls. Keep these with your Disaster Preparedness Kit.

14. Clearly identify to your vet which horses should be evacuated first, in the event that all animals cannot be moved. Make sure all personnel are aware of your wishes.

15. Compile a portable First Aid Kit and keep it with your Disaster Preparedness Kit.

16. Obtain a map of your area and the area you will evacuate your horse to. Familiarize yourself with the area around your evacuation barn. Learn the routes. Keep this map with your Disaster Preparedness Kit. Check out the barn you hope to evacuate in order to make sure that it is suitable.

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21. If your horse is not permanently identified with a microchip or brand, use small animal clippers and clip your horse's neck. Spray paint or etch the horses. If your horse is being transferred to the evacuation site by someone other than you, an ID number may be drawn onto the horse with an suction crayon.

22. Pack into your trailer all the extra buckets, feed and hay that you have stockpiled for your horses evacuation, including the portable first aid kit.

23. Transport or prepare to transport your horse to a safe evacuation site. It is best to do this before it is an emergency, even several days in advance. Do not wait until the last minute to remove your animals. Write down and keep in a safe place, the address of the location your horse has been evacuated to.

24. If you are unable or unwilling to remove your horse, make sure all the preparations to keep them in the property are in place — that someone knows that you are on the property and have your horse with you. If you are staying with your horse on the property, take two plywood boards and spray paint one side of the board “Haven horses, need help!” and the other side: “Haven horses, OK for now.” Keep these in the barn or near the house. Use them to keep rescue and emergency personnel informed in case the communication lines are severed.

The above Disaster Preparedness information is courtesy of Horse Council BC.
Appendix 4
County Volunteer Resources

Cabarrus County
4-H horse clubs (7)
Contact: Deborah Bost, 704-920-3310

Saddle or show club
Contact: Patti Bost, 704-436-2788

REINS volunteers
Contact: Tracy Ginder, 704-336-2824

Catawba County
REINS volunteers and Catawba Valley Cattlemen’s Association
Contact: Jeff Carpenter, 828-465-8240

Craven County
4-H horse club
Contact: Amy Haire, 252-670-7790

Saddle or show club
Contact: Louise Stevens, 252-249-6517

REINS volunteers
Contact: Teresa Gaskins, 252-244-3013

Cumberland County
4-H horse club
Contact: 4-H agents

Saddle or show club (HOCHA, Cape Fear Trail Riders)

REINS volunteers
Contact: Tori Miller

Davidson County
REINS volunteers
Contact: Gayle Nifong, 336-764-2277

Davie County
4-H horse club
Contact: New; in process of getting established and getting leaders

REINS volunteers
Contact: Vicki Jones, 336-998-8803
Greene County
4-H horse club
Contact: Linda Sewall 252-747-8183

REINS volunteers
Contact: Terry Thomas, 252-747-8389

Guilford County
4-H horse club
Contact: Morgan Maness, 336-342-8235

Pony club, Saddle or show club, Breed organization
Contact: Ben Chase, 336-342-8235

Equine Rescue League
Contact: Judi Fleming, 336-644-0335

REINS volunteers
Contact: Deborah Stone, 336-939-7493

Halifax County
Horse Council
Contact: Loraine Search, 252-583-0043

Harnett County
4-H horse club
Contact: 4-H agents

Saddle or show club (HOCHA, Cape Fear Trail Riders)

REINS volunteers
Contact: Tori Miller

Jones County
4-H horse club
Contact: Matt & Stella Downs, 252-259-1077

REINS volunteers
Contact: Gina Cox, 252-448-4241
Lee County
4-H horse club
Contact: 4-H agents

Saddle or show club (HOCHA, Cape Fear Trail Riders)

REINS volunteers
Contact: Tori Miller

Lenoir County
4-H horse clubs
Contact: Marlo King, 252-268-4144
Hope Smith, 252-559-9556
Coley Laws, 252-286-7638
Kathy Gray, 252-521-0126
Rachel Mashburn, 252-468-9999
Golonda Howard, 252-559-5676

Martin County
4-H horse club
Contact: Danny Butler, 252-789-4370

McDowell County
4-H horse club
Contact: Becky Lytle, 828-738-0707

Saddle or show club
Contact: Becky Lytle, 828-738-0707

REINS volunteers
Contact: Kaye Bentley, 828-652-7753

Moore County
4-H horse club
Contact: Beverly Wray, 910-947-4088

Pony club
Contact: Beth Younger, 910-949-2530

Equine Rescue League
Contact: Dr. Jim Hamilton, 910-692-8640
Perquimans County
4-H horse club
Contact: Carla Bundy, 252-426-9994

Saddle or show club
Contact: Debbie Owens, 252-426-8138

Equine Rescue League
Contact: Nancy Schalck, 252-264-2591

REINS volunteers
Contact: Nick Nixon, 252-426-7818

Person County
4-H horse club
Contact: Kim Foushee, 336-364-7059

Saddle or show club
Contact: Rob Hall, 336-503-7183

Equine Rescue League
Contact: Deanna Gould, 336-364-4431

REINS volunteers
Contact: Wayne Ross 336-597-5333
Carol Carter 336-364-4739
Clarence Cozart 336-599-8660

Richmond County
4-H Livestock Club
Contact: Tracey Ezzell, 910-895-2216
&
Animals R Us 4-H Small Animal Club
Contact: Anne Miller, 910-205-2957

Rockingham County
4-H horse club
Contact: Morgan Maness, 336-342-8235

Pony club, Saddle or show club, Breed organization
Contact: Ben Chase, 336-342-8235

Equine Rescue League
Contact: Judi Fleming, 336-644-0335

REINS volunteers
Contact: Deborah Stone, 336-939-7493
**Rowan County**
4-H
Contact: Joey Bullock, 704-638-0827

Saddle or show club
Contact: Richard Starnes, 704-361-6115

AQHA
Contact: Mike Lear, 704-279-4389

**Rutherford County**
4-H horse clubs (2)
Contact: Cynthia Clark, 828-287-6010

Saddle or show club
Contact: Glenda Horton

REINS volunteers
Contact: Madeline VanVoorhis
   Cindy Dotson

**Stokes County**
Equine Rescue League
Contact: Vickey Pardue, 336-720-9257 or 336-403-0932

Veterinarians
   Kim Geminhardt, DVM, 336-593-5422
   Adrian Crigger, DVM 336-983-6958
   Debbie Cowan, DVM 336-591-8250

**Transylvania County**
4-H horse club
Contact: Mary Arnaudin, 828-884-3109

Pony Club
Contact: Sandi Thompson, 828-862-4436 (pony club is not based in Trans. Co, but she is involved and a point person for the local members)

Pisgah Trail Blazers
Contact: Tom Thomas, 828-883-8559

Volunteer vet to help with micro chipping horses
Contact: Dr. Rebecca Broadbent, 828-883-8902
**Washington County**
4-H horse club
Contact: Elizabeth Rose, 252-793-6052

Wilson County
4-H horse club
Contact: Tanya Heath, 252-237-0113

REINS volunteers
Contact: Eileen Coite
SHELTER VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

I, ____________________________________________, residing at ____________________________________________________________

HEREBY ACKNOWLEDGE that I have voluntarily applied to assist the ____________________ COUNTY ANIMAL RESPONSE TEAM (“CART”) in the disaster situation described as follows: ______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I AM AWARE THAT WORKING IN THE SAID DISASTER SITUATION MAY BE HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. I FURTHER AGREE TO ADHERE TO THE RULES OF OPERATION ESTABLISHED BY THE ____________________ CART.

Please initial: __________________________

AS LAWFUL CONSIDERATION for being permitted by ______________________________, the activating agency, to assist in the said disaster and receive, as it maybe, disaster relief training and instruction, free meals, transportation, lodging or other like considerations, I hereby agree that I, my heirs, distributees, guardians, legal representatives and/or assigns will not make a claim against, sue, attach negligence or other acts, howsoever caused, by any employee, agent or contractor of the activating agency or its affiliates, as a result of my assisting in the said disaster. In addition, I hereby release and discharge activating agency and its affiliate organizations from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives or assigns may have for injury or damage resulting from my assistance in the said disaster.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ACTIVATING AGENCY AND THAT I SIGN IT OF MY OWN FREE WILL.

_________________________________ ____________________________________
Volunteer’s Signature                                                   Witness’ Signature

Date_____________________________

______________________________________________________________________________

ACTIVATING AGENCY REPRESENTATIVE

_________________________________ ____________________________________
Signature                           Position

Date_____________________________

SIGN IN DUPLICATE: ONE COPY TO VOLUNTEER AND ONE COPY TO AGENCY
ANIMAL CARE SCHEDULE

HORSE ______ OTHER _______________________________ DATE ARRIVED ____________
M/F _______ BREED ___________________________ COLOR ________________________
DISTINCT MARKINGS
____________________________________________________________________________________
____________________________________________________________________________________
SPECIAL DIET OR REQUIREMENTS
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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<th>DATE</th>
<th>TIME WALKED</th>
<th>TIME FED</th>
<th>TIME CAGE/PEN CLEANED</th>
<th>COMMENTS</th>
<th>CARETAKER’S INITIALS</th>
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ANIMAL RELEASE TO FOSTER CARE

The below-described animal has been released from care at the Emergency Animal Shelter and will be transferred and cared for by the below named foster care resident.

CONTROL ID # _______________ LOCATION/PEN# _______________

ANIMAL DESCRIPTION: ___________________________________________________

OWNER’S NAME: ___________________________ PHONE: ___________________

OWNER’S ADDRESS: _____________________________________________________

MEDICAL TREATMENT PROVIDED TO ANIMAL:

________________________________________________________________________

________________________________________________________________________

TREATMENT PROVIDED BY:

________________________________________________________________________

NAME OF FOSTER CARETAKER: _____________________________________________

HOME ADDRESS: __________________________________________________________

WORK ADDRESS: __________________________________________________________

PHONE: ___________________________________________ (Home)           (Work)      (Other)

THE UNDERSIGNED FOSTER CARETAKER HEREBY ACKNOWLEDGES RECEIPT OF THE ABOVE DESCRIBED ANIMAL, AND AGREES TO PROVIDE HUMANE CARE, ADEQUATE SHELTER, AND FOOD TO THIS ANIMAL WHILE IN HIS/HER FOSTER CARE; AND AGREES TO HOLD HARMLESS ALL PERSONS, ORGANIZATIONS, OR GOVERNMENT AGENCIES INVOLVED IN THE RESCUE, CARE, AND SHELTERING OF THIS ANIMAL. THE ANIMAL’S OWNER AGREES TO BE RESPONSIBLE FOR ANY VETERINARIAN, FOOD OR CARE EXPENSES INCURRED DURING THE FOSTER CARE PERIOD.

FOSTER CARETAKER’S SIGNATURE: ___________________________ DATE: __________

FOSTER CARETAKER’S PRINT NAME: ___________________________________________

OWNER’S SIGNATURE: _______________________________________________ DATE: __________

OWNER’S PRINT NAME: _______________________________________________

EMERGENCY ANIMAL SHELTER STAFF SIGNATURE: ____________________________

STAFF PRINT NAME: _______________________________________________ DATE: __________

SIGN IN TRIPlicate.
COPY TO (circle one):  OWNER          FOSTER CARETAKER          EMERGENCY ANIMAL SHELTER

EDRA Form 6/03/2008
ANIMAL RESCUE REQUEST FORM   Log # _______

This form is to be distributed to law enforcement and military personnel, utility crews, and other workers in the disaster area, as well as to pet owners evacuated from the area. It should also be used to record information from owners calling in a rescue request. Please file a separate request for each animal. This form should be completed for all animals sighted, even if they are deceased.

<table>
<thead>
<tr>
<th>LOCATION OF ANIMAL OR SIGHTING</th>
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<tbody>
<tr>
<td>DATE</td>
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<tr>
<td>TIME (AM OR PM)</td>
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<table>
<thead>
<tr>
<th>ANIMAL DESCRIPTION</th>
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<tbody>
<tr>
<td>Dog</td>
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<tr>
<td>Cat</td>
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<tr>
<td>Other</td>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td>Altered</td>
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<tr>
<th>BREED</th>
<th>COLOR</th>
<th>AGE</th>
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<tr>
<th>DISTINCTIVE MARKINGS AND VISIBLE IDENTIFICATION (NOTE INJURIES OR SPECIAL CONDITIONS)</th>
</tr>
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<tbody>
<tr>
<td>Halter</td>
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<tr>
<td>ID Tag</td>
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<tr>
<td>Tattoo, Location</td>
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<tr>
<td>Microchipped</td>
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| NAME OF REQUESTING PARTY             |
| AGENCY OR OWNER                     |

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<thead>
<tr>
<th>ADDRESS</th>
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<tbody>
<tr>
<td>CITY</td>
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<td>STATE</td>
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<td>ZIP</td>
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<tr>
<th>DESCRIPTION OF ANIMAL’S LOCATION</th>
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<tr>
<th>WORK PHONE (INCLUDING AREA CODE)</th>
<th>HOME PHONE</th>
<th>OTHER</th>
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<tr>
<th>TEMPORARY ADDRESS</th>
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<tr>
<td>CITY</td>
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<td>STATE</td>
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<td>ZIP</td>
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<tr>
<th>If owner, is key available?</th>
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<tr>
<td>□ Yes  □ No  Location of Key</td>
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<th>If no, is keyless entry authorized?</th>
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<tr>
<td>□ Yes  □ No</td>
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<tr>
<th>SIGNATURE OF OWNER OR PERSON COMPLETING FORM</th>
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<tr>
<td>DATE</td>
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<tr>
<td>TIME (AM OR PM)</td>
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EDRA Form 6/03/2008  32 of 47
** FOR RESCUE TEAM ONLY**

<table>
<thead>
<tr>
<th>REQUEST RECEIVED BY (NAME)</th>
<th>DATE</th>
<th>TIME (AM OR PM)</th>
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**ACTION TAKEN**

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<tr>
<th>Location Animal recovered</th>
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**EMERGENCY MEDICAL TREATMENT PROVIDED**

<table>
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<tr>
<th>TREATED BY (RESCUE TEAM VETERINARIAN, NAME)</th>
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**PHONE (INCLUDING AREA CODE)**

<table>
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<tr>
<th>ANIMAL TAKEN TO</th>
<th>ADDRESS</th>
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</table>

**CITY**

<table>
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<tr>
<th>STATE</th>
<th>ZIP</th>
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**REPORT COMPLETED BY (PLEASE PRINT)**

*This report must accompany the animal. The animal/carrier should be identified with the location of rescue & log number.*
DAILY SITUATION/SHIFT REPORT

DATE: ________________________     DAY OF WEEK:
____________________________

POSITION: ________________________________

Name:

Shift:

Location:

Shift Responsibilities:

Shift Accomplishments:

Shift Notes:

*It is your responsibility to make the person relieving your position aware of any shift specifics and unfinished tasks. Please use this space to record a summary of shift activities. Please be sure to pass on all information to your relief. If there is no relief, please debrief with your supervisor before concluding your shift.*

Signature: ___________________________________________ Date:

________________________________________

Signature of Person Taking Report: ____________________________ Date:
EMERGENCY RELEASE FORM

The undersigned owner(s) (agent) of the animal described as follows:

Name of Animal: __________________________ Species: ____________ Breed: __________________________

Description of Animal: __________________________ Age: __________________________

hereby requests the emergency quartering of the animal being evacuated because of a pending or occurring disaster. The animal owners (agents) hereby release the person or entity who is receiving the animal (hereinafter “animal caregivers”) from any and all liability regarding the care and quartering of the animal during and following this emergency. The animal owners (agents) acknowledge that if emergency conditions pose a threat to the safety of the animal, additional relocation may be necessary, and this release is intended to extend to such relocation.

The animal owners (agents) acknowledge that the risk of injury or death to the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses (or specify a limit __$_________) which may be incurred in the treatment of their animal. It is also requested that the animal owners (agents) contribute to the feeding and daily care of their animal, if possible.

If an animal is not claimed within thirty (30) days (unless prior arrangements have been made), the animal owner will be notified of possible relocation, fostering, or adoption.

PRINTED NAME OF ANIMAL OWNER (AGENT)       DATE

SIGNED NAME OF ANIMAL OWNER (AGENT)        DATE

ADDRESS OF ANIMAL OWNER (AGENT)

HOME PHONE (INCLUDING AREA CODE)        CELLULAR     PAGER

PLACE OF EMPLOYMENT                        WORK PHONE

ADDRESS TO WHICH OWNER (AGENT) PLANS TO evacuate DURING EMERGENCY

PHONE (INCLUDING AREA CODE)

It is the responsibility of the animal owner (agent) to keep the animal caregivers informed of where the animal owner(agent) can be contacted during the emergency.

NAME OF ANIMAL CAREGIVERS            CONTACT PHONE

ADDRESS OF ANIMAL CAREGIVERS

SIGNATURE OF ANIMAL CAREGIVERS       DATE
This animal is being released for the following disposition (please check one):

☐ Permanent adoption ☐ in-field euthanasia ☐ temporary hold for ____ days
☐ Hold until able to reclaim ☐ other, please explain _______________________________
LOST ANIMAL ALERT FORM

ANIMAL DESCRIPTION
DOG □ CAT □ HORSE □ OTHER □ ___________________________ M □ M/N □ F □ FS/□
BREED ___________________________ SIZE ___________________________ AGE __________
COLOR ________________________ DISTINCTIVE MARKINGS (note injuries or special conditions) ________________

______________________________________________

ANIMAL NAME ________________________________ COLLAR/TAG # ________________________________
MICROCHIPPED/TATOOED __________________________ IS ANIMAL AGGRESSIVE? __________________________
PRE-EXISTING MEDICAL CONDITIONS

______________________________________________

IS ANIMAL ON MEDICATION?

______________________________________________

OWNER INFORMATION
NAME __________________________ PHONE ( ) ______________ OTHER PHONE ( ) ______________
PERMANENT ADDRESS

______________________________________________

DIRECTIONS/LANDMARKS (Use back if needed)

______________________________________________

______________________________________________

______________________________________________

TEMPORARY ADDRESS (IF OTHER THAN PERMANENT)

______________________________________________

VETERINARY INFORMATION
NAME __________________________ PHONE ( ) ______________
VACCINATION STATUS ______________________________ DATE OF VACCINATIONS __________________________

______________________________________________
(COUNTY NAME) COUNTY ANIMAL RECOVERY RESIDENCE ENTRY FORM

Name: _________________________________________________________
Address: _______________________________________________________
Nearest Cross Street: _____________________________________________
Key Tag Number: _________________________________________________
Telephone Number: (_____ ) ________________________________________
Type of Animal: __________________________________________________
Animal Description: _______________________________________________
Animal Location Inside or Outside or Residence/Business: ________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Animal Identification Number: _______________________________________
Officer’s Signature: _______________________________________________
Disposition: _____________________________________________________
Owner’s Return Signature: _________________________________________

AUTHORIZATION, RELEASE AND HOLD HARMLESS AGREEMENT

I hereby authorize (County Name) County Government and the (County Name) County
Sheriffs Office Animal Services, and its designees, officers, agents and employees to
to enter into my property at ______________________________
utilizing the entrance keys provided by me to search for and retrieve my animals. In
consideration of this authorization, I hereby release and hold such officers, employees
and agents free and harmless from any injury or damage that may occur to real or
personal property resulting from such entry. I further understand such entry is for the
sole purpose of retrieving live animals and not for rescue or assistance in any other
manner.

Approved and executed this ______________day of _____________Month,
__________Year
________________________________________________________________
_________________________________________________ PRINT

NAME

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT

_________________________________________________ SIGNATURE

_________________________________________________ WITNESS SIGNATURE   DATE
ANIMAL RELEASE TO VETERINARY FACILITY

The below-described animal has been released from care at the Emergency Animal Shelter and will be transferred and cared for by the below named VETERINARY FACILITY.

CONTROL ID # __________________ LOCATION/PEN#

________________________
ANIMAL DESCRIPTION:

________________________
OWNER’S NAME: ___________________________ PHONE:

________________________
OWNER’S ADDRESS:

________________________
MEDICAL TREATMENT PROVIDED TO ANIMAL:

________________________
_____________________________________

________________________
TREATMENT PROVIDED BY:

________________________
NAME OF VETERINARY FACILITY:

________________________
ADDRESS:

________________________
PHONE:

________________________
(Business) ___________________
(Emergency/after hours) ___________________
(Other) ___________________

THE UNDERSIGNED VETERINARY FACILITY HEREBY ACKNOWLEDGES RECEIPT OF THE ABOVE DESCRIBED ANIMAL, AND AGREES TO PROVIDE HUMANE CARE, ADEQUATE SHELTER, AND FOOD TO THIS ANIMAL WHILE IN HIS/HER FOSTER CARE; AND AGREES TO HOLD HARMLESS ALL PERSONS, ORGANIZATIONS, OR GOVERNMENT AGENCIES INVOLVED IN THE RESCUE, CARE, AND SHELTERING OF THIS ANIMAL. THE ANIMAL’S OWNER AGREES TO BE RESPONSIBLE FOR ANY VETERINARIAN, FOOD, OR CARE EXPENSES INCURRED DURING THE FOSTER CARE PERIOD.
# DONATIONS RECEIVED

**LOCATION _________________________**    **TODAY’S DATE _______________**

**Page ____ of ____**

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<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>ORGANIZATION</th>
<th>COMPLETE ADDRESS</th>
<th>TYPE</th>
<th>DESCRIPTION &amp; COMMENTS</th>
<th>THANKS LETTER</th>
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EDRA Form 6/03/2008
Equine Sheltering Registration Form

________________________________________ County  Date:
________________________________________

Shelter Name: ___________________________ Phone: ________________

Shelter Manager: __________________________ Phone: ________________

Horse Owner’s Information:
Name: _____________________________________
Address: _____________________________________

Phone: ___________________________  2nd Phone ________________

Email: _____________________________________

Alternate contact:
Name: ___________________________ Phone: ________________

Horse’s name: ___________________________ Sex

________________________
Age: ___________________________ Breed:

________________________
Color: ___________________________ Microchip:

________________________
Other distinguishing markings:
Equine Sheltering Registration Form (continued)

Is horse current on vaccinations? Check yes or no by each:

☐ Yes  ☐ No  Tetanus
☐ Yes  ☐ No  EEE/WEE
☐ Yes  ☐ No  Influenza
☐ Yes  ☐ No  Rabies
☐ Yes  ☐ No  West Nile

Is horse current on Coggins?  ☐ Yes  ☐ No  Date tested ________________

Horse’s normal diet:
____________________________________________________________________
____________________________________________________________________
____
____________________________________________________________________
____

Did owner bring own food?  ☐ Yes  ☐ No

Quantity: __________________________  Type:
____________________________________________________________________
Name of Owner:__________________________________________

Pet(s) being discharged to Owner:

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<th>Horses NAME</th>
<th>Tattoo/ID</th>
<th>BREED</th>
<th>COLOR</th>
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Items belonging to Owner being removed from the shelter:________________________
_________________________________________________________________________________

Items loaned to Owner for care of pet(s) returned to CART:_________________________
_________________________________________________________________________________

Animal(s) are released to Owner:__________________________________________________

DATE    TIME

I hereby certify that I have received my animal(s) back from the CART animal shelter and
release CART from any responsibility for the animal(s).

SIGNATURE OF OWNER   DATE     TIME
__________________________________________________________________________________

SIGNATURE OF CART VOLUNTEER  DATE     TIME

Owners that board their horses at Emergency Shelters should receive a
notice at discharge, that recommends that they do a Coggins retest 60 days
after leaving the shelter as a precaution, because of the 42 day incubation
period.
Abandonment of Animals Policy

North Carolina General Statue 90-187.7.
Abandonment of animals; notice to owner; relief from liability for disposal; “abandoned” defined.

(a) Any animal placed in the custody of a licensed veterinarian for treatment, boarding or other care, which shall be unclaimed by its owner or his agent for a period of more than 10 days after written notice by registered or certified mail, return receipt requested, to the owner or his agent at his last known address, shall be deemed to be abandoned and may be turned over to the nearest humane society, or dog pound or disposed of as such custodian may deem proper.

(b) The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian, as provided in subsection (a) of this section, shall relieve the licensed veterinarian and any custodian to whom such animal may be given of any further liability for disposal.

(c) For the purpose of the Article the term “abandoned” shall mean to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

It is the policy of this shelter that the above statue will be followed and any animal that is not removed from the shelter once it is announced the shelter is closing will be treated as abandoned.

I HAVE CAREFULLY READ THIS POLICY, FULLY UNDERSTAND ITS CONTENT AND AGREE TO ABIDE IT.

____________________________  ______________________________
Signature                  Witness Signature

Date _______________________

EDRA Form 6/03/2008