Animal Health & Care Emergency Support Function
Veterinarian & RVT Volunteer

Information given is voluntary. If you feel uncomfortable with a question, please do not complete that question. Attach sheet for additional information. Please type or print legibly.

Name_____ County _____ License No. _____
Last First M

Mailing Address_____ City_____ State____ Zip____

Physical Address (if different from above)_____

Phone: Home_____ Cell_____

Work_____ Pager_____ Fax_____

Home email_____ Work email_____

Clinic/Hospital Name_____

Address_____ City_____ State____ Zip_____

Please give brief and accurate driving directions to your clinic/hospital from the nearest major road or highway: _____

Emergency contact _____ *Relationship* _____ *Phone*_____

*Last Tetanus Vaccination*_____

*Pre-exposure Rabies Vaccination Dates*_____ *Last Rabies Titer Check Date* _____

Condition(s) and/or medications we need to be aware of _____

Handling experience – check all that apply:

___Dogs	___Donkey, Mule	___Swine	___Cervidae	Other: *describe*
___Cats	___Cattle, Beef	___Chickens	___Camelids	_____
___Pet Birds	___Cattle, Dairy	___Ducks	___Ratites	_____
___Pocket Pets	___Goats	___Turkeys		_____
___Horses	___Sheep	___Geese		_____

Have you taken any emergency management courses?_____ If yes, list course(s)_____
_____

Veterinarian:

Do you own a mobile unit?_____ If yes, please describe in detail_____
_____

Do you own a portable x-ray machine for field use? _____

Do you own a generator?_____ If yes, please list size, type, fuel used, etc._____

Do you own an animal incinerator or other disposing equipment? _____

Rescue/animal care equipment available for use in a disaster_____

How far from your residence would you be willing to travel to respond to an emergency?

___Within own town/city ___ Within own county ___ Within 50-mile radius ___ Anywhere in Indiana ___ Other: _____

Other skills or areas of expertise:

___Field Capture	___Historian	___Human Medical Degree/Certification:
___Driver	___Security	_____
___Transportation	___Equipment Maintenance	_____
___Phone	___Electrical Repair	___ Other:_____
___Record Keeping	___Building & Repair	_____
___Computer Data Entry	___Language_____	

I certify, to the best of my knowledge all statements are correct, complete, and made in good faith.

_____ _____
Signature Date

I agree to allow any of the above information to be stored in the Animal Health & Care Emergency database, password secure, on the internet.

_____ _____
Signature Date

Indiana State Board of Animal Health; Animal Health & Care Emergency Support Function;
Attn: Janet Berish, RVT, 805 Beachway Drive, Ste. 50, Indianapolis IN 46224-7785
317.227.0320; Fax: 317.227.0330; Email: jberish@boah.in.gov