

**EQUINE EMERGENCY EVACUATION PROGRAM  
'TRIPLE E'  
QUESTIONNAIRE**

**VEHICLE IDENTIFICATION**

Truck Type \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

Trailer Type \_\_\_\_\_ Capacity \_\_\_\_\_ Color \_\_\_\_\_ License \_\_\_\_\_

Comments: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Please return completed form to:  
Barbara Spring  
P.O. Box 3  
Raymond CA 93653**

**EQUINE EMERGENCY EVACUATION PROGRAM  
'TRIPLE E'  
QUESTIONNAIRE**

\_\_\_\_\_  
Last Name First Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone 1 Cell Phone 2 Work Phone 1 Work Phone 2 Fax Phone

\_\_\_\_\_  
e-mail address 1 e-mail address 2

How many large animals do you own? Adult ( ) Young ( ) Type \_\_\_\_\_  
Horse, Donkey, Llama

Do you own other domesticated animals? Yes  If so, what type and how many? \_\_\_\_\_

Do you own a truck? Yes  No  If yes, can you tow a trailer? Yes  No

Do you own a horse trailer Yes  No  If yes, what is the capacity? ( )

Are you home during the day Yes  No  If yes, can you self evacuate? Yes  No

Is your property open to access? Yes  No  Is your property gated? Yes  No

If gated, is the gate locked? Yes  No

Is your driveway accessible for a four-horse trailer and truck? Yes  No

Are your stalls open to access? Yes  No  Are your stalls locked? Yes  No

Are your animals usually penned (stalls)? Yes  No  Are your animals usually pastured? Yes  No

Are your animals conditioned to being ridden? Yes  No

Are your animals conditioned to being moved in a trailer? Yes  No

Are your animals social or skittish? Do any of your animals kick? Yes  No

Do you have halters and lead ropes at the stalls? Yes  No  Are ID tags attached? Yes  No

Do you have room/facilities to store evacuated horses? Yes  No  If yes, how many? \_\_\_\_\_

Are you willing to serve as a volunteer evacuation team member? Yes  No

Are you willing to serve as a volunteer working in some other capacity such as:  
Care & Feeding  Animal Identification  Call Team  Records  Other

Do your animals have any special medical issues? Yes  No  If yes, what? \_\_\_\_\_

Do you have a regular large animal veterinarian? Yes  No   
Vet's Name \_\_\_\_\_ Vet's Number \_\_\_\_\_

Do you have a regular small animal veterinarian? Yes  No   
Vet's Name \_\_\_\_\_ Vet's Number \_\_\_\_\_

Have you ever been trained in animal evacuations or animal rescues? Yes  No

Do you have any special skills, i.e., vet training, farrier training, animal rescue training, communications, etc. If yes, please list: \_\_\_\_\_