

# In Case of Emergency (I.C.E.) Animal Form



## Instructions

Fill out this form and make two copies. Put completed forms in separate sealed envelopes, each labelled I.C.E. in large letters. Keep one in a highly visible area of the towing vehicle and one on the inside of a rear trailer window for access by emergency responders. Ideally, this form should be completed for each trip. However, if you travel with the same animals at all times, this form can be stored in your vehicle and trailer, so long as it is kept up to date.

In the rare event that 911 cannot connect you to one of Alberta's Emergency Livestock Handling Equipment Trailers, please contact the ALERT Line at 1-800-506-2273.

<b>Name</b>		
<b>Address</b>	<b>DOB</b>	
<b>Phone</b>	<b>ALT Phone</b>	
<b>Medical History</b>		
<b>Blood Type</b>	<b>Allergies</b>	
<b>Medications</b>		

<b>Name</b>		
<b>Address</b>	<b>DOB</b>	
<b>Phone</b>	<b>ALT Phone</b>	
<b>Medical History</b>		
<b>Blood Type</b>	<b>Allergies</b>	
<b>Medications</b>		

<b>Name</b>		
<b>Address</b>	<b>DOB</b>	
<b>Phone</b>	<b>ALT Phone</b>	
<b>Medical History</b>		
<b>Blood Type</b>	<b>Allergies</b>	
<b>Medications</b>		

<b>Name</b>		
<b>Address</b>	<b>DOB</b>	
<b>Phone</b>	<b>ALT Phone</b>	
<b>Medical History</b>		
<b>Blood Type</b>	<b>Allergies</b>	
<b>Medications</b>		

## Next of Kin / Emergency Contacts

<b>Name</b>		
<b>Address</b>		
<b>Phone</b>	<b>ALT Phone</b>	

<b>Name</b>		
<b>Address</b>		
<b>Phone</b>	<b>ALT Phone</b>	

## Person(s) with legal authority to make decisions on treatment for the animal(s) and payment for services rendered:

<b>Name</b>		
<b>Address</b>		
<b>Phone</b>	<b>ALT Phone</b>	

<b>Name</b>		
<b>Address</b>		
<b>Phone</b>	<b>ALT Phone</b>	

## Veterinarian

<b>Name</b>		
<b>Clinic Name</b>		
<b>Phone</b>	<b>Emerg. Phone</b>	

## Animal Information

<b>Name</b>		
<b>Species</b>	<b>Sex</b>	
<b>Colour</b>	<b>Markings</b>	
<b>Medical History</b>		
<b>Medications</b>	<b>Allergies</b>	
<b>Maximum Monetary Value Authorized for Medical Treatment / Expenses</b>	\$	

<b>Name</b>		
<b>Species</b>	<b>Sex</b>	
<b>Colour</b>	<b>Markings</b>	
<b>Medical History</b>		
<b>Medications</b>	<b>Allergies</b>	
<b>Maximum Monetary Value Authorized for Medical Treatment / Expenses</b>	\$	

<b>Name</b>			
<b>Species</b>		<b>Sex</b>	
<b>Colour</b>		<b>Markings</b>	
<b>Medical History</b>			
<b>Medications</b>		<b>Allergies</b>	
<b>Maximum Monetary Value Authorized for Medical Treatment / Expenses</b>	\$		

<b>Name</b>			
<b>Species</b>		<b>Sex</b>	
<b>Colour</b>		<b>Markings</b>	
<b>Medical History</b>			
<b>Medications</b>		<b>Allergies</b>	
<b>Maximum Monetary Value Authorized for Medical Treatment / Expenses</b>	\$		

### Additional Information

### Care Consent

In the event that I/we, are unavailable or incapable of making decisions regarding the health and well-being of the animal(s) involved in the emergency incident, I/we hereby authorize and shall hold harmless a licensed veterinarian or peace officer to evaluate and determine the health status of the animal(s), provide emergency medical treatment, or administer euthanasia if it is determined that an animal is undoubtedly suffering and cannot be saved.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Owner / Agent Name, Signature and Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Witness Name, Signature and Date