

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.

Name		
Address		DOB
Phone		ALT Phone
Medical History		
Blood Type		Allergies
Medications		

Name		
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Medical History		
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Medications		

Next of Kin / Emergency Contacts

Name			
Address			
Phone		ALT Phone	

Name			
Address			
Phone		ALT Phone	

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

Name			
Address			
Phone		ALT Phone	

Name			
Address			
Phone		ALT Phone	

Veterinarian

Name			
Clinic Name			
Phone		Emerg. Phone	

Animal Information

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

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Colour		Markings	
Medical History			
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Medical History			
Medications		Allergies	
Maximum Monetary Value Authorized for Medical Treatment / Expenses	\$		

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