

EMERGENCY PREPAREDNESS PLAN

NAME AND PHONE NUMBER:	LEAVE DATE:	EXPECTED RETURN:
NUMBER OF HORSES IN NEED OF CARE:		

In the event that I show signs or have symptoms of COVID-19 and must self-isolate for at least 14 days, my emergency plan for care of the horses is as follows:

BACK-UP CARETAKER INFORMATION				
NAME:		PHONE 1:		
EMAIL ADDRESS:		PHONE 2:		
ADDITIONAL BACK-UP CARETAKER INFORMATION IN THE EVENT THE ABOVE PERSON IS NOT AVAILABLE:				
NAME AND PHONE NUMBER:				
<u>INSTRUCTIONS</u>				
HORSE NAME	BARN AND STALL #	FEEDING INSTRUCTIONS	MEDS	SPECIAL INTRUCTIONS

EMERGENCY PREPAREDNESS PLAN

HORSE NAME	BARN AND STALL #	FEEDING INSTRUCTIONS	MEDS	SPECIAL INTRUCTIONS

EMERGENCY PREPAREDNESS PLAN

HORSE NAME	BARN AND STALL #	FEEDING INSTRUCTIONS	MEDS	SPECIAL INTRUCTIONS



EMERGENCY PREPAREDNESS PLAN

HORSE NAME	BARN AND STALL #	FEEDING INSTRUCTIONS	MEDS	SPECIAL INTRUCTIONS

Please attach additional pages as necessary.