

**EQUINE REGISTRY  
EVACUATION & RELEASE FORM**

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_

APN (if known) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

**Individual Equine Identification:**

Identification (E.g., Brand/Tattoo)	Description, Registration (Name and/or Number)	Age	Sex	Breed
1. _____	_____			
2. _____	_____			
3. _____	_____			
4. _____	_____			
5. _____	_____			

(Include additional horses on reverse or separate piece of paper. Please also provide any other pertinent information, i.e., location, gates, etc.)

**RELEASE**

The undersigned owner(s) (agent) of the horse(s) described above hereby request the emergency quartering of these horses being evacuated because of a pending or occurring disaster. The horse owners (agents) hereby release the receiving property owners and any caregivers from any and all liability regarding the care and quartering of these horses during and following this emergency. The horse owners (agents) acknowledge that if emergency conditions pose a threat to the safety of these horses, additional relocation may be necessary and that this release is intended to extend to such relocation.

The horse owners (agents) acknowledge that the risk of injury or death to these horses during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their horses. It is also requested that the horse owners (agents) contribute to the feeding and daily care of their horses, if possible.

The cost (if any) of returning these horses after the emergency will be at the owner's (agents's) expense. If any horse is not claimed within thirty (30) days, unless prior arrangements have been made, the horse owner will be notified of possible adoption or relocation.

Printed name of Horse Owner (Agent): \_\_\_\_\_

Signature of Horse Owner (Agent): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address to which Owner (Agent) plans to evacuate during the emergency: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PLUMAS COUNTY TRANSPORTATION/EVACUATION VOLUNTEER REGISTRY:**

If you wish to be involved with transportation during emergencies, please provide the following information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Trailer Capacity \_\_\_\_\_  
Address: \_\_\_\_\_

**RETURN THIS FORM TO: HIGH MOUNTAIN RIDERS  
c/o DENNIS MILLER, 2250 BUTTERFLY VALLEY, QUINCY, CA 95971**