

Emergency Card

Emergency Information

Residence Name: _____

Full Address: _____

Phone Number: _____

Directions to the residence: _____

Description of facility (House, Barn, Etc.) _____

Location of Fire Extinguisher: _____

Location of First Aid Kit: _____

Important Contacts

Name

Phone

Fire: _____

Police: _____

Ambulance: _____

Poison Control: _____

Electric Company: _____

Gas Company: _____

Neighbor: _____

Emergency Contact: _____

Doctor: _____

Dentist: _____

Veterinarian: _____

Farrier: _____