

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RANK _____ SSN _____ ANIMAL NAME _____

UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____

HOME OF RECORD PHONE _____

ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____

MALE _____ FEMALE _____ COLOR(S) _____ MARKINGS _____

MICROCHIP # _____ DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE

MEDICATION _____ Times a day 1 2 3 4

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CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS

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