



EMERGENCY ACTION PLAN

- PLEASE PRINT -

SITE INFORMATION	Unit Location: _____ Premises ID Number: _____
	Owner/Operator Name: _____
	Unit Address (including Emergency 911 Address):

Rescue/Ambulance: Phone: _____

Hospital or Clinic: Name: _____ Phone: _____

Veterinarian: Name: _____ Phone: _____

Electrical Company: Name: _____ Phone: _____

Fire Department: Phone: _____

Police/Sheriff: Name: _____ Phone: _____

Animal Abuse Reporting: Name: _____ Phone: _____

Other: Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

A tool to help you develop your personalized emergency action plan can be found at <http://eap.pork.org>