

Fill Out ALL Sections in Yellow
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
MEDICATION _____ Times a day 1 2 3 4
MEDICATION _____ Times a day 1 2 3 4

CAGE NUMBER	ANIMAL & CAGE WEIGHT	MEDICATIONS

NTS# _____

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