

Appendix A

Farm Emergency Contact Information

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| Farm name: |
| Owner: |
| Medical History, if any: |
| Hospital/Family Physician: |
| Farm Address: |
| Farm Phone Number: |
| Home Phone Number: |
| Mobile Number: |
| Pager: |
| Location of Farm and directions from nearest major intersection: |
| |
| |
| Spouse's Name: |
| Contact Number: |
| Work: |
| Mobile: |
| Medical History, if any: |
| Hospital/Family Physician: |
| |
| Children, Name: |
| Contact Number: |
| Work: |
| Mobile: |
| Medical History, if any: |
| Hospital/Family Physician: |
| |
| Children, Name: |
| Contact Number: |
| Work: |
| Mobile: |
| Medical History, if any: |
| Hospital/Family Physician: |
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| |
| Children, Name: |
| Contact Number: |
| Work: |
| Mobile: |
| Medical History, if any: |
| Hospital/Family Physician: |
| If leased, Property owners Name: |
| Address: |
| Contact Number: |
| Mobile Number: |

Emergency Services

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| Fire Department: |
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| Police Department: |
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| Poison Control: |
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| Hospital: |
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| Local Emergency Management Director: (EMD) |

Meeting site in event of disaster

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| Off-site meeting location: |
| |
| Off-site phone number: |

Off-site aid

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| City or Town Animal Control Officer |
| Work contact number: |
| Mobile contact number: |
| Assistance/ equipment available: |
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| Name of neighbor able to provide assistance: |

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| Home contact number: |
| Mobile contact number: |
| Assistance/ equipment available: |
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| Name of neighbor able to provide assistance: |
| Home contact number: |
| Mobile contact number: |
| Assistance/ equipment available: |
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| Name of farmer able to provide assistance: |
| Home contact number: |
| Mobile contact number: |
| Assistance/ equipment available: |

Contact Information for Farm Circumstances

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| Insurance Agent: |
| Office: |
| Mobile: |
| Home: |

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| Veterinarian: |
| Office: |
| Mobile: |
| Home: |

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| Livestock Shipper: |
| Office: |
| Mobile: |
| Home: |

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| Grain Hauler: |
| Office: |
| Mobile: |
| Home: |

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| Electrician: |
| Office: |

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| Mobile: |
| Home: |

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| Chemical Supplier: |
| Office: |
| Mobile: |
| Home: |

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| Plumber: |
| Office: |
| Mobile: |
| Home: |

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| Fuel Supplier: |
| Office: |
| Mobile: |
| Home: |

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| Milk Hauler: |
| Office: |
| Mobile: |
| Home: |

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| Equipment Dealer: |
| Office: |
| Mobile: |
| Home: |

Location of Important Farm Documents

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| Storage Location of Farm information: |
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| Storage Location of personal financial information: |
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| Storage location of backup computer files: |
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| Location of Spare Keys to Buildings and Equipment: |

Amperage of Farm equipment (in the event of power failure, and rental generator is needed) Record as much information as possible

| | |
|--------------------|----------------|
| Type of equipment: | |
| Starting Watts: | Running Watts: |
| Kilowatts: | |
| Amperage: | |
| Volts: | |
| Single Phase: | Three Phase: |

| | |
|--------------------|----------------|
| Type of equipment: | |
| Starting Watts: | Running Watts: |
| Kilowatts: | |
| Amperage: | |
| Volts: | |
| Single Phase: | Three Phase: |

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