

Louisiana State Animal Response Team

LSART needs You!

Please fill out this form and mail it or fax it to the address below. A Regional LSART member will contact you.

Last Name: _____ **First Name:** _____

Phone numbers: Home _____ Cell _____
Business _____ Fax: _____

Home Physical Address: _____

City, Zip: _____

Home Mailing Address: _____

City, Zip: _____

Home Parish: _____

Business Physical Address: _____

City, Zip: _____

Business Parish: _____

Other Parishes you may serve: _____

Is Business an Animal Related Concern? _____ **Vet. Practice?** _____ **Animal Shelter?** _____

Livestock Producer _____ **Equine Facility?** _____ **Other?** _____

Animal Handling Experience: Species _____

Indicate if you are: Veterinarian _____ LA Lic.No. _____; LSUSVM licensed _____

Veterinary Technician _____ Veterinary Assistant _____

Animal Control Officer _____ Animal Shelter worker _____

Agricultural Animal Worker _____ Pet Trainer _____ Pet Owner _____

Other (please specify) _____

Have you had law enforcement or emergency response training? _____

Indicate if there are **aspects of animal emergency work** that particularly interest you or in which you have previous experience (for example: rescue, shelter work, triage, transportation, command and control, public relations):

Would you be willing to serve as **foster home** for pet animals? _____

Would you be able to provide temporary **facilities for horses or agricultural animals?** _____

If so, describe facilities: _____

LVMA-SART

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website: <http://lsart.evetsites.net/>