

MARIN COUNTY EQEVAC BARN DATA SHEET

Date of Report: _____

BARN NAME:			
ADDRESS:			
MANAGER:	(name)		
	Wk:	C:	Hm:
	e-mail:		
MANAGER:	(name)		
	Wk:		
	e-mail:		
OWNER(S):	(name)		
	Wk:		
	e-mail:		
EQEVAC ZONE:	(MHS to fill in)		
CROSS STREETS & SPECIAL DIRECTIONS:			
GATE PASS CODE:			
LOCATION(S) OF KEY(S):			
NUMBER OF HORSES:	Stall:	Pasture:	Paddock:
OTHER EQUINE ANIMALS (& HOW HOUSED):			
OVERFLOW CAPACITY:			
STALLS			
PASTURE			
OTHER			
TRAILERS ON SITE:	2-horse ramp:	2 horse step-up:	
	3-horse ramp:	3 horse step-up:	
	Other:		
AVG. DAYS OF FEED:			
WATER SUPPLY:			
OTHER INFORMATION THE MHS SHOULD HAVE (I.E. LOCATIONS OF LIGHT AND ELECTRICAL SWITCHES):			
WHERE DO YOU PREFER TO EVAC. TO?	Barn(s):		
	Area(s):		
EVAC. PLAN ON FILE?			