FARM EMERGENCY INFORMATION PLAN

Address: ____________________________________________
State: ___________________________ Zip: _______________
Home Phone: ____________________________
Cell Phone: ____________________________
E-mail: ______________________________
Important Information: __________________________

EMERGENCY CONTACTS

Name: ____________________________
Cell Phone: ____________________________
Work Phone: ____________________________
E-mail: ______________________________

Name: ____________________________
Cell Phone: ____________________________
Work Phone: ____________________________
E-mail: ______________________________

Name: ____________________________
Cell Phone: ____________________________
Work Phone: ____________________________
E-mail: ______________________________

Name: ____________________________
Cell Phone: ____________________________
Work Phone: ____________________________
E-mail: ______________________________

FARM EMERGENCY CONTACT FORM

County Emergency Management Office
Neighbor
Neighbor
Out of State Contact
American Red Cross
Power Company
Gas Company
Water Company
Disaster Hotline
County Public Health Department
Poison Control Center
Local Veterinarian
State Veterinarian
Cooperative Extension Service
Livestock Shipper
Fuel Supplier
Grain Hauler
Milk Hauler

POLICE, FIRE AMBULANCE: DIAL 911

FARM EMERGENCY CONTACT FORM

Out of State Contact
American Red Cross
Power Company
Gas Company
Water Company
Disaster Hotline
County Public Health Department
Poison Control Center
Local Veterinarian
State Veterinarian
Cooperative Extension Service
Livestock Shipper
Fuel Supplier
Grain Hauler
Milk Hauler

PRIMARY EMERGENCY NUMBERS

Name: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________
Name: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________
Name: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________

HOMEOWNER’S INSURANCE POLICY

Company: ____________________________
Agent: ____________________________
Policy Number: ____________________________

FARM INSURANCE POLICY

Company: ____________________________
Policy Number: ____________________________

FLOOD INSURANCE POLICY

Company: ____________________________
Policy Number: ____________________________

WIND AND/OR HAIL INSURANCE POLICY

Company: ____________________________
Policy Number: ____________________________

IMPORTANT MEDICAL INFORMATION

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________________________________________
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Folding Directions: 1) fold top to bottom 2) fold side to side 3) fold top to bottom Farm Emergency Information Plan should be the front panel.