West Virginia State Animal Response Team
WVSART

Name: _____ Phone: _____

Address: _____ Phone 2: _____

City/State/Zip: _____ E-mail: _____

County of Residence: _____ Fax: _____

The above address is: ☐ Home ☐ Work ☐ School

I am a:

- ☐ Licensed, accredited veterinarian
- ☐ Licensed veterinary tech
- ☐ Veterinary Assistant
- ☐ Livestock producer
- ☐ Lay Person
- ☐ Extension gent
- ☐ Veterinary Student (year of graduation _____)
- ☐ Other _____

I am interested in being deployed as a West Virginia Department of Agriculture credentialed responder to (check all that apply):

- ☐ Other parts of West Virginia
- ☐ Other countries
- ☐ Other parts of the United States
- ☐ Local Only

I am interested in being credentialed to care for (check all that apply):

- ☐ Production Livestock
- ☐ Poultry/Avian
- ☐ Equine
- ☐ Companion Animals
- ☐ Exotic

I _____agree to have my name placed in a database and on a calling list that may be utilized in the event of an emergency. By adding my name to this list, I realize that I am under no obligation to respond. There may be a continuing education requirement for involvement in this organization.

_____ _____

Signature Date

Mail Completed WVSART Form to:
West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Blvd East
Charleston, WV 25305
304-558-2214 (Phone)
304-558-2231 (Fax)