***LARGE/FARM ANIMAL LOCATION AND INFORMATION QUESTIONNAIRE***

THE INFORMATION YOU PROVIDE BELOW WILL HELP THE LIVINGSTON COUNTY SHERIFF’S OFFICE, EMERGENCY COMMUNICATIONS CENTER PROVIDE ASSISTANCE IN LOCATING THE CORRECT OWNERS OF FARM OR LARGE ANIMALS THAT GET OUT OF THEIR ENCLOSURE.

**YOUR INFORMATION CAN BE UPDATED OR DELETED UPON YOUR WRITTEN REQUEST.**

**PLEASE CAREFULLY PRINT YOUR INFORMATION BELOW:**

* OWNERS; LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OWNERS HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LOCATION OF ANIMALS(*if different from owners address*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TOWN/VILLAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* (Livingston County, NY) ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OWNERS CELL PHONE NUMBER WITH AREA CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* OWNERS HOME PHONE NUMBER WITH AREA CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DO OTHER PERSONS CARE FOR THE ANIMALS ON THE PROPERTY? If **YES,** print their name(s) and phone number with area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* TYPE OF ANIMALS ON THE PROPERTY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* YOUR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***THANK YOU FOR HELPING US, HELP YOU. WHEN YOU HAVE AN EMERGENCY PLEASE CALL 911***

***PLEASE RETURN OR MAIL THIS FORM TO:***

**EMERGENCY COMMUNICATIONS CENTER**

**LIVINGSTON COUNTY SHERIFF’S OFFICE**

**4 COURT STREET, GENESEO NY 14454**

**911CENTER@LIVINGSTONCOUNTYNY.GOV**