

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 agent
 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)**