Louisiana State Animal Response Team
LSART needs You!
Please fill out this form and mail it or fax it to the address below. A Regional LSART member will contact you.

Last Name: __________________________ First Name: ________________________
Phone numbers: Home _____________________ Email: __________________________
                                      Business Fax: _______________ Cell: ____________________________
Home Physical Address: _______________________________________________________
City, Zip: ___________________________________________________________________
Home Mailing Address: _________________________________________________________
City, Zip: ___________________________________________________________________
Home Parish: ___________________________
Business Physical Address: _______________________________________________________
City, Zip: ___________________________________________________________________
Business Parish: _________________________
Other Parishes you may serve: ___________________________________________________
                                      Livestock Producer ______ Equine Facility? ______ Other? ______
Animal Handling Experience: Species _____________________________
Indicate if you are: Veterinarian ______ LA Lic.No.____________; LSUSVM licensed_______
                                      Veterinary Technician ______ Veterinary Assistant ______
                                      Animal Control Officer ______ Animal Shelter worker ______
                                      Agricultural Animal Worker ______ Pet Trainer ______ Pet Owner ______
                                      Other (please specify) _______________________________________________________
Have you had law enforcement or emergency response training? ___________
Indicate if there are aspects of animal emergency work that particularly interest you or in
which you have previous experience (for example: rescue, shelter work, triage, transportation,
command and control, public relations):
_____________________________________________________________________________
_____________________________________________________________________________
Would you be willing to serve as foster home for pet animals? ___________
Would you be able to provide temporary facilities for horses or agricultural animals? ______
If so, describe facilities: _______________________________________________________

LVMA-SART
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fax: 225-408-4422
website: http://lsart.evetsites.net/