

**EMERGENCY & DISASTER PLANNING: IMPORTANT CONTACTS LIST**

*(MVMA Form 2)*

PRACTICE NAME:		OWNER:		UPDATED:
ADDRESS:				
CITY, STATE, ZIP:		HOME:	CELL:	BY:
PHONE:	FAX:			
<b>STATE VETERINARIAN: 617-626-1791 / 617-626-1795</b>			<b>STATE PUBLIC HEALTH VETERINARIAN: 617-983-6800</b>	
<b>LOCAL ANIMAL CONTROL:</b>			<b>BOARD OF REGISTRATION: 617-727-3080 / 617-727-3083</b>	

**CONTACTS TO TRANSPORT AND HOUSE ANIMALS:**

COMPANY NAME: <i>[NEARBY CLINIC/SHELTER]</i>	COMPANY NAME: <i>[NEARBY CLINIC/SHELTER]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
NOTES:	NOTES:
COMPANY NAME: <i>[NEARBY VETERINARIAN, ETC.]</i>	COMPANY NAME: <i>[NEARBY VETERINARIAN, ETC.]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
ADDRESS:	ADDRESS:
CITY, STATE, ZIP:	CITY, STATE, ZIP:
NOTES:	NOTES:

**PERSONAL/PROFESSIONAL CONTACTS**

PHYSICIAN:	OTHER PROVIDER:
PHONE(S):	PHONE(S):
LOCAL VMA LEADER:	<p align="center"><b>Massachusetts Veterinary Medical Association</b>                  PHONE: 508-460-9333 FAX: 508-460-9969  <b>POST-EMERGENCY HELP:</b> <a href="mailto:MVMA@massvet.org">MVMA@massvet.org</a>                  REGULAR EMAIL: <a href="mailto:staff@massvet.org">staff@massvet.org</a></p>
PHONE(S):	
EMAIL:	

**INSURANCE & BUSINESS SERVICES**

COMPANY NAME: <i>[PROPERTY INSURANCE]</i>	COMPANY NAME: <i>[PROF. LIABILITY INSURANCE]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
EMAIL:	EMAIL:
POLICY NO:	POLICY NO:
COMPANY NAME: <i>[ACCOUNTANT]</i>	COMPANY NAME: <i>[ATTORNEY]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
EMAIL:	EMAIL:
REFERENCE:	REFERENCE:

**VENDORS**

COMPANY NAME: <i>[SUPPLIER]</i>	COMPANY NAME: <i>[SUPPLIER]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
EMAIL:	EMAIL:
REFERENCE:	REFERENCE:
COMPANY NAME: <i>[SUPPLIER]</i>	COMPANY NAME: <i>[SUPPLIER]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
EMAIL:	EMAIL:
REFERENCE:	REFERENCE:
COMPANY NAME: <i>[SUPPLIER]</i>	COMPANY NAME: <i>[SUPPLIER]</i>
CONTACT PERSON:	CONTACT PERSON:
PHONE:	PHONE:
ALT. PHONE:	ALT. PHONE:
EMAIL:	EMAIL:
REFERENCE:	REFERENCE: