NAME: ________________________________________

Would you consider being part of the New Jersey veterinary disaster response team?

_____ YES* ___ NOT AT THIS TIME
*If YES, please fill out the attached registration form.

Please return form(s) to: Jeffrey Hamer, DVM, Assistant Director
New Jersey Department of Agriculture
Division of Animal Health         Ph: (609) 292-3965
P.O. Box 330                      Fax: (609) 777-8395
Trenton, NJ  08625                jeffrey.hamer@ag.state.nj.us

If you have questions, please contact Dr. Hamer as per above, or Charles N. Bell, VMD
at ChuckVMD@aol.com.
NJS ART VETERINARIAN REGISTRATION

Name: ________________________________________________________________

Clinic or Employer: ____________________________________________________

Address: ______________________________________________________________

                                                  County: ___________________

Work Phone: ____________________________

Work Phone Private (confidential): ____________________________

Home Phone (confidential): ____________________________

Fax: ____________________________

Cell Phone (confidential): ____________________________

Other Phone/Beeper (confidential): ____________________________

E-mail (confidential): ____________________________

Species you are willing to treat: ____________________________

Y     N

Do you have a truck, van or station wagon you are willing to use?  ____  ____

Do you have a livestock trailer or animal handling chute?  ____  ____

Would you be willing to help at your location?  ____  ____

Would you be willing to help in your immediate area?  ____  ____

Would you be willing to help in other areas of NJ?  ____  ____

Would you be willing to help in other states?  ____  ____

*(deployment is voluntary and would not supersede local needs)*

Would you be willing to staff an animal triage shelter?  ____  ____

Are you a solo practitioner?  ____  ____

Are you willing to provide services at no or reduced fees?  ____  ____

Are there medical or surgical procedures you do not do? ____________________________

Are there surgical procedures you are especially good at (e.g. orthopedics, exploratories)

________________________________________________________________________

Do you have non-veterinary skills such as a second language, computer skills, or an
amateur radio license? ______________________________________________________

________________________________________________________________________

Please list all states in which you are licensed. ______________________________________

Do you hold federal accreditation *(circle one)*?  YES  NO

If yes, in which states are you accredited? ______________________________________

________________________________________________________________________

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New Jersey Department of Agriculture

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