ANIMAL ISSUES COMMITTEE PLAN

City of Conroe, Texas
Approval and Implementation

APPENDIX 4

to

ANNEX N

ANIMAL ISSUES COMMITTEE PLAN

Police Lieutenant – Animal Control

Date

EMC

Date

NOTE: Countywide Committee Plan is currently in the formation process.
## Record of Changes

**APPENDIX 4**  
to  
**ANNEX N**

**ANIMAL ISSUES COMMITTEE PLAN**

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ANIMAL ISSUES COMMITTEE PLAN

PURPOSE

A. Emergencies and disasters frequently involve animals as well as people. Consequently, preparation for, response to, recovery from, and mitigation of animal situations related to disasters should be an integral part of any emergency management activity.

B. An important goal for direction and control activities related to any emergency or disaster situation is knowing who to contact and having the confidence that the individuals identified are fully prepared to provide advice for handling the situation.

C. An animal issues committee is an integral part of our local emergency management team and is an essential asset to our community. This plan outlines the types of individuals that make up our animal issues team as well as some of the responsibilities they would have and the situations they may encounter. A separate plan, “Animals in Disaster Plan” outline the roles and responsibilities of several entities during a disaster.

SITUATION AND ASSUMPTIONS

A. Situation

1. Companion animals (i.e., pets), livestock, and non-domesticated (i.e., wild) animals may be affected by all types of natural and man-made emergencies and disasters.

   a. Natural disasters that could affect animals in Texas include disease, floods, fires, lightning strikes, wind storms and tornadoes, hurricanes, drought, toxic forage, excessive heat, and winter storms.

   b. Man-made disasters affecting animals result from a myriad of causes such as traffic and other accidents, poisoning, power outages, bioterrorism, hazardous material spills, explosions, radiation incidents, and other biological or chemical events.

2. Animals may be injured, lost, abandoned, or die during or after an emergency or disaster situation.

3. To enhance the welfare of animals during disaster situations, activities may involve many functions such as evacuation, search and rescue, capture, identification, sheltering, feeding, transporting, and medical assistance.

4. In other cases, the diagnosis and control of an animal disease, as well as the proper disposal of diseased animal carcasses, could be a significant issue.

B. Assumptions
Appendix 4 to Annex N

1. There are individuals in our community who are knowledgeable and skilled in understanding and working with animals and responding to animal-related emergency situations.

2. Under normal circumstances, animals are the responsibility of their owners and, they are under their care and control. During an emergency, owners will take reasonable steps to shelter and provide care for their animals.

3. Animals may need community resources for rescue, emergency medical treatment, temporary housing/shelter and mass care and feeding. These resources may or may not be readily available for their needs.

4. These individuals may not know the members of the City of Conroe AIC who respond to emergency events involving animals, or they may not understand their responsibilities.

5. Our County Judge, emergency management personnel, and emergency responders may not be fully aware of how to handle certain situations involving animals, and they also may not be aware of the existence of various types of animal experts in our community.

6. This community would benefit significantly by having a viable animal issues committee or team that could help City of Conroe officials prepare for, respond to, recover from, and/or mitigate animal-related emergency situations.

CONCEPT OF OPERATIONS

A. General

1. Our community will create an Animal Issues Committee (AIC) to plan for, respond to, recover from, and mitigate against emergency or disaster situations involving animals.

2. The AIC will consist of government officials as well as private citizens who have an interest or skill in working with animals.

3. The AIC will have an animal-related mission which will vary depending on the needs of our community.

4. The AIC will prepare animal-related planning appendices to selected functional annexes of our local emergency management plan.

5. If appropriate, the AIC will ensure adequate training is provided for personnel who may respond to animal-related emergency or disaster situations as well as assisting during exercises related to animal issues involving disasters.

B. Animal Issues Committee composition
1. The AIC will consist of a group of individuals with varied backgrounds, experience, skills, and interests that are generally related to the care and/or welfare of companion animals, livestock, or wildlife.

2. Members of our AIC will consist of the following types of individuals: (The Committee will have as many or as few of the following individuals as deemed appropriate for the mission selected by the group and the needs of the jurisdiction.)

   a. Animal control officer (ACO) and ACO personnel (a key committee member)

   b. Veterinarian(s) from private practice, industry, government, public health, the military, and/or the local or regional TVMA organization (a veterinarian is being identified to assist the Committee in each county)

   c. Veterinary technician(s) from local veterinary offices [good person(s) to have]

   d. TAHC or USDA/APHIS/VS “TRACE” representative (to represent state animal health; one state or federal person assigned to each county)

   e. Public works representative (for traffic control and carcass disposal issues)

   f. County Extension agent for agriculture (TCE) (for animal disease and non-disease issues)

   g. Animal humane association or organization representative(s) [e.g., HSUS, SPCA, TACA, Noah’s Wish, etc.] (for companion animal rescue and sheltering issues)

   h. Allied agriculture industry representatives (e.g., feed stores, pet stores, feed mills, livestock markets, food production/processing facilities, slaughter and rendering plants, fuel outlets, equipment stores, animal boarding facilities such as kennels and stables, etc.) (as appropriate to the Committee’s mission)

   i. Animal association representatives (e.g., cattlemen’s, breeders, dairy, and exotic/alternative livestock groups to kennel clubs, horse clubs, and game bird fanciers) (as appropriate to the Committee’s mission)

   j. Vocational agriculture science teacher(s) (as appropriate)

   k. County fair representative (as appropriate)

   l. Law enforcement representative city, county, and/or state (DPS) (important for traffic control and quarantine enforcement in an animal disease situation)
ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The Animal Issues Committee (AIC) will meet as often as necessary at a time and place prescribed by the committee members.

2. The AIC will manage the public and private sector efforts to meet the animal service needs that arise including: rescue and capture of animals that have escaped confinement, evacuation, sheltering, care of the injured, sick, and stray and disposal of dead animals.

3. The chair of the committee will be designated by the City of Conroe.

4. The Committee will be an “advisory” group to help solve animal-related emergency or disaster issues within our community.

5. Committee members may, however, in their own capacity or through their daily employment, supervise or participate in activities involving animals to include medical assistance, search and rescue, capture, evacuation, transportation, sheltering, donations management, carcass disposal, and disease eradication.

B. Assignment of Responsibilities

1. Our Animal Issues Committee will consider both non-disease and disease topics.

   a. Our “non-disease issues” to be considered are:

      (1) Evacuation and transport of animals from actual or impending disaster locations

      (2) Sheltering and caring for animals during and after emergencies and disasters in holding facilities or other types of shelters

      (3) Capture and holding of stray or lost animals affected by a disaster

      (4) Animal identification and relocation activities

      (5) Medical care or humane euthanasia for animals injured in an emergency or disaster

      (6) Disposal of animal carcasses affected by an emergency or disaster situation to eliminate any disease spread from decaying animals and to eradicate any foul odors and unsightly views

      (7) Wildlife nuisance situations
Appendix 4 to Annex N

(8) Administration and logistical support for animal-related emergency or disaster activities (e.g., overturned livestock truck, hazardous materials accident in proximity to animals, etc.)

(9) Dissemination of public information regarding animal-related issues

b. Our “disease issues,” in which the AIC can lend support to TAHC and USDA-FDA authorities in a disease response situation, will include:

(1) Quarantining and containment activities for disease situations

(2) Coordination of cleaning and disinfection activities for disease eradication

(3) Traffic control activities to include determination of traffic flow within and in proximity to the quarantine area; setting up signage and traffic barriers; establishment and operation of inspection, cleaning, and disinfection stations

(4) Obtaining and using appropriate communications capabilities and equipment

(5) Operations and communications of the local ICP for animal disease response activities

(6) Zoonotic public health issues (e.g., rabies vaccinations, West Nile Virus prevention, etc.)

(7) Determination of the number and location of disposal sites in the local area that could be used in an emergency to dispose of diseased carcasses while minimizing the spread of disease

(8) Dissemination of public information

(9) Obtaining appropriate equipment, chemicals, and drugs for the capture, transportation, confinement, euthanasia, disposal, cleaning and disinfection, traffic control, and other operations related to disease control and eradication operations

(10) Providing administration and logistical support for animal disease response and eradication activities

DIRECTION & CONTROL

A. The Animal Issues Committee will provide support to and work under the auspices of the Montgomery County Emergency Management Coordinator.

B. When an emergency or disaster situation arises, the AIC will respond as outlined in their plan(s). This would depend upon the situation and could include a meeting of all or only selected group members, either at a designated location or simply by phone or email.
C. Generally the AIC will not perform as a response organization. It will function as an advisory group to assist government authorities in their decision-making process associated with animal-related emergency and disaster situations. In many cases, the success of the AIC will depend on the soundness of their pre-disaster planning and support activities provided to local government officials.

D. Montgomery County Animal Issues Committee Chain of Command.

PROCEDURES GUIDE: REGISTRATION, SHELTER FACILITIES
If an animal is too aggressive or cannot be handled by volunteers, notify the veterinarian in charge who will determine if the animal(s) can be housed in your facility. Animals may be admitted to the local Animal Shelters.

Intake

Processing incoming animals is one of the most important things done during a disaster. There are three classifications of animals that arrive during disasters, and they are described below along with the steps for processing them into the shelter.

How to Intake a Living Animal

1. Take the animals to Animal Intake area.
2. Secure the animal in a cage or on a leash.
3. Scan the animal for a microchip or look for any tattoos. Even if the owner is known, this is done so that the microchip or the tattoo number can be noted on the Animal Intake Form. We shall utilize the web based data to locate owners of micro-chipped animals when necessary.
4. Complete the Animal Intake Form. Litters will be assigned to one form and given one number. If litters are with the mother, they will be registered on her form under her number.
5. Complete the identification process by taking a photo of the animal. If owned, include the owner in the picture if available. Write the intake date, number and sex of the animal on the photo. File the Animal Intake Form in the appropriate binder. Volunteers, if available, will record intake information on the Intake log as well. Fill out the Intake Form with intake number, date, sex, and breed.
6. If there is a chance the animal might bite, put a Caution – Biter sign on the cage or if it is a quarantined animal put a Caution – Quarantined Animal sign on the cage.
7. Take the animal to the assigned cage or area where it will be housed, unless the animal needs to be seen by a veterinarian, then it would go to the triage area.

DEAD ANIMAL PROCEDURE

1. Take carcass to the area designated for disposal of dead animals.
2. Scan the animal for a microchip and look for any tattoos or other identification.

3. Place the animal in a bag designated for dead animals.

4. Dead animals may be buried or burned (TCEQ 1-11.2092) depending on the circumstances and health threat.

SHELTER FACILITIES

A complete inventory will be taken and maintained on all supplies/materials on hand needed to operate the facility.

Large animal holding facilities will include: The Montgomery County Fair Grounds, Great Western Trading Company in Magnolia, A.V. Sallas Park in New Caney, North County Park and Arena in Willis, Small animal Receiving Stations for initial response will include: The Montgomery County Fair Grounds, Magnolia High School Pavilion, Montgomery High School Ag Complex, A.V. Sallas Park, City of Conroe Animal Shelter.

Each housing unit will be pre-numbered with attached duct tape as follows:
Dog Cages (food and water bowls) 001-099
Cat Cages (food bowl, water bowl, litter box) 100-299

Loaner cages will be numbered in sequence following cage numbers. Tags will be made and attached to the cages using duct tape with the owners name and phone number. Tags should be placed so they are not accessible to the animal. The housing manager will be responsible for returning cages to owners.

A care/feeding log will be placed on a clipboard outside the housing unit, and out of the animal’s reach. The volunteer will note the animal’s housing unit number on the log. The volunteer will also check to be sure all information matches the animal being housed.

Releasing Animals

Pets will be released to the owner on presentation of their driver’s license or other photo identification. It will be compared to the original admission form and the owner will sign the release portion at the bottom of the admission form. Problems can be addressed by the appropriate Co-Chairman.

FACILITY MANAGEMENT PLAN

In addition to using volunteers in the positions described on the following pages, there are a number of positions requiring greater leadership. These roles should be filled by members of the core team, preferably those on committees with related duties. These roles can also be filled by individuals identified by authority of the local government or individuals in charge of the facility.
Small Animal Leader – This person will be identified by the Chairperson of the AIC; the Facility Manager; local animal control director; or emergency management coordinator.

Responsible for managing volunteers, supplies, identification and communications for small animal responses. This leader will provide daily written situation reports and after action written reports to EOC Animal Issues Team.

Large Animal Leader - This person will be identified by the Chairperson of the AIC; the Facility Manager; local animal control director; or emergency management coordinator.

Responsible for managing volunteers, supplies, identification and communications for large animal responses. This leader will provide daily written situation reports and after action written reports to EOC Animal Issues Team.

**PREPAREDNESS ACTIONS FOR THE ANIMAL ISSUES COMMITTEE**

Meet on a regular basis

Develop appropriate plans, or maintain and periodically revise those already written

Develop animal-related “injects” for use during exercises and drills, and promote the use of these injects as well as the employment of the jurisdiction’s Animal Issues Committee in these events

Develop a contact list of committee members and local authorities

Develop equipment lists and maintain equipment readiness

Participate in local training and exercises

**ADMINISTRATION & SUPPORT**

A. Resource Support and Readiness

1. Any resources (equipment, materials, supplies) needed by the Animal Issues Committee or its members will be identified and listed.

2. Needed resources will be checked for availability and operability on a periodic basis. These materials will be kept at the Conroe Police Department or City of Conroe Animal Shelter.

B. Communications
1. The Animal Issues Committee will utilize the City of Conroe Radio system or cell phone for communications when appropriate among the members for various situations such as alerting, emergency responses, exercises, and disaster situations.

2. Once the most appropriate type(s) of communications are established for each situation, the Animal Issues Committee should keep an up-to-date listing of their members; the individual animal-related expertise of each member; and the most appropriate method of contact during working hours, after-hours, weekends, holidays; etc.

C. Key Facilities

1. The Animal Issues Committee will establish a facility or meeting location at which the group can convene on a periodic basis to consider the myriad of animal issues affecting the jurisdiction.

2. During exercises, as well as actual emergencies, the Animal Issues Committee should decide how they will respond to each and from what location [e.g., by simply using phone contact among the members, convening at the regular meeting facility, operating from another designated emergency location, staffing the jurisdiction’s emergency operating center (EOC), etc.]

E. Reporting

1. During response operations (exercises or actual emergencies), if appropriate, situation reports (SITREPs) will be provided to the jurisdiction’s emergency operating center (EOC) and/or incident commander (IC), as requested.

2. If appropriate, a SITREP format will be developed that either meets the jurisdiction’s requirements or, if no specific format is required, than one that most appropriately reports the Animal Issues Committee’s activities, challenges, and achievements during a variety of situations.

F. Records

1. Meeting minutes – The Animal Issues Committee should keep a written record of each meeting in order to maintain an accurate accounting of items discussed and actions taken.

2. Activity logs – During exercises/drills and actual response events, the Committee should maintain a log of the various issues considered and actions taken (see Attachment 3).

3. Written and cost documentation records, maintained by the Committee, should be protected and “duplicated/backed-up” to the maximum extent feasible to preclude them from being destroyed in an emergency or disaster situation. Allowable costs will be submitted to FEMA for reimbursement.

G. Post Incident Review
1. All Animal Issues Committee representatives should participate in any after-action review of any emergency event response by the jurisdiction in which a member(s) from the Committee was involved.

2. All committee members should participate in any exercise critique where animal issues were a part of the scenario.

**ATTACHMENTS**

1) Animal Issues Committee Members
2) Animal Issue Committee Contact List
3) Animal Issues Committee Activity Log
4) Site Survey
5) Housing Unit / Animal Care Log
6) Potential animal Transportation checklist
7) Volunteer Sign – In Sheet (Please Print)
8) Call In List for Volunteers
9) Volunteer Request Survey
10) Small Animal Intake (Facility Inventory)
11) Supply Resource List
12) Animal Relocation Log
13) Controlled Drug Log
14) Supply Check-out
15) Large & Small Animal Transportation Resources
16) Large Animal Feed & Supply Stores, Pet supply Stores, Allied industry Suppliers
17) Large & Small Animal Care & Holding Facilities
18) Veterinary Personnel Resource
19) Animal Rescue request Form
20) Animal Intake Form
21) Lost Pet / found Pet
22) Animal Release Form
23) Animal Disaster Response Volunteer Contract
24) Important Supplies to keep on hand
## MEMBERS – (Jurisdiction’s Name) ANIMAL ISSUES COMMITTEE

**Date:**

<table>
<thead>
<tr>
<th>Name / Job Title</th>
<th>Agency</th>
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<th>Work Phone / Fax Number</th>
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## ANIMAL ISSUES COMMITTEE CONTACT LIST

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# ANIMAL ISSUES COMMITTEE ACTIVITY LOG

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**Typed Name of Official on Duty**  
**Signature**
Attachment 4

Site Survey

The site survey should be completed before the animal shelter is set up. This survey should be performed by the Incident Commander, or designated member of the Facility Team. Please note any preexisting damage to the site under the following categories. This form must be signed by the responsible agent of the site.

Date: ________________________________

Outside
Fence: ____________________________________________________________

Landscape/foliage: __________________________________________________

Grounds: __________________________________________________________

Inside
Walls: ____________________________________________________________

Light fixtures: ______________________________________________________

Doors: _____________________________________________________________

Floors: _____________________________________________________________

Equipment: _________________________________________________________

Other: ______________________________________________________________

Facility Team Leader Owner or responsible agent of site
# Housing Unit/ Animal Care Log

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<th>Name</th>
<th>ID. No</th>
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<th>Species</th>
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F= Food   W= Water   E= Exercise   C=Clean   O= Other
Attachment 6

Potential Animal Transportation Checklist

During a disaster, transportation of large and small animals from the site of the disaster to the appropriate holding facility is a crucial link to a well-organized rescue effort. Please complete the transportation resource list below. For large scale disasters, the local jurisdiction may be able to provide large trucks. Below is a list of possible resources followed by two pages of blank information sheets to fill in the local participating groups and individuals. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

Transportation should include a vehicle that will stop at Red Cross centers to pick up pets for boarding or treatment; advance coordination with the local Red Cross Chapter will facilitate this process. Appropriate authorization forms/medical records must be signed and adequate identification is needed (i.e., collar/microchip) for each animal. The owner will be given a number to call to check on their animal. Coordinate closely with animal shelter, veterinary hospitals and kennels.

**Large Animal**

- Private horse trailers
- Local cattlemen
- Animal Control
- University livestock transport

**Small Animal**

- Mobile veterinary clinics
- Animal Control vehicles
- Mobile dog kennels (hunting clubs, etc.)
- Local humane organizations
- Private vans, trucks and trailers (covered vehicles equipped with dividers, crates or airline pet carriers to keep animals separate during transport)
Attachment 7

Volunteer Sign – In Sheet (please print)

<table>
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<th>Date</th>
<th>Shift</th>
<th>Last Name</th>
<th>First Name</th>
<th>Position</th>
<th>Time In</th>
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Attachment 8
Call In List for Volunteers

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<th>Date</th>
<th>Volunteer Name</th>
<th>Phone</th>
<th>Days Available</th>
<th>Shift Available</th>
<th>Training/ Experience</th>
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Volunteer Request Survey

This survey is part of an effort to build a veterinary disaster response team. Please complete and return it at your earliest convenience to the address listed below. If you are not interested in disaster response, your completion of the first two lines would still be greatly appreciated. Thank you.

Name: ________________________________________________________________
Home address: _________________________________ City, Zip: ________________
Home phone: _________________________________ Cellular phone: ________________
Pager: _________________________________ Fax: ________________________________
May we call you at work? Yes / No Work phone: ________________________________
Employer or Clinic name: __________________________________________________
Address: _________________________________ City, Zip: ________________
Work days and hours: _____________________ Occupation/title: ________________

If you are a veterinarian, please complete this section.
Species you are willing to treat: _____________________________________________
Available facilities: _______________________ Isolation area available: Yes / No
Would you work outside normal business hours? Yes / No
Would you treat animals in another location or triage center within the county? Yes / No
Medical/surgical procedures you do not do: ___________________________________
Procedures you are especially good at: _____________________________

It is likely that there will be little financial compensation for medical and surgical procedures on unclaimed animals. Would you still be willing to provide medical services? Yes No

If you wish to participate in field response, please complete this section.
Date of birth: _________________ Driver’s license no.: _______________ Exp.: ______
Sex: M / F Height ________ Weight ________ Hair color ________ Eyes ___________
Vehicle license plate #: ___________________ Vehicle description: ________________
Trailer license plate #: ___________________ Trailer description: _________________
Specialized training/certification/qualifications: ________________________________
______________________________________________________________________
______________________________________________________________________
Emergency contact: ________________________ Emergency phone: ________________
Address: _________________________________ City: State: ____________________
Physician: ______________________ Phone: _____________________________
Insurance carrier and ID no.: _______________________________________________
Medical conditions or limitations: ____________________________________________
Applicant’s signature: ______________________ Date: _________________________

Please mail this survey to:
City of Conroe Emergency Management Coordinator

Office Use Only
Assigned ID no.:__________ Date reviewed: ___________ Approved by: ___________
Notes: _____________________________________________________________________
Attachment 10
Small Animal Intake

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<th>ID Number</th>
<th>Date</th>
<th>Owner Name</th>
<th>Species</th>
<th>Description</th>
<th>Housing Type</th>
<th>Final Disposit.</th>
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## Attachment 11
Supply Resource List

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<th>Vendor/ Source</th>
<th>Work Hours</th>
<th>Contact Numbers</th>
<th>Items Needed</th>
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### Animal Relocation Log

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<th>Reason Moved</th>
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## Attachment 13
### Controlled Drug Log

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Attachment 14
Supply Check Out

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<th>Position</th>
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Attachment 15
Large Animal Transportation Resources

Owner's Name _________________________________________________________________
Address _______________________________________________________________________
______________________________________________________________________________
Phone ______________________________ Cellular Phone ______________________________
Description of Resource: ______________________________________________________________________________________
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______________________________________________________________________________

Owner's Name _________________________________________________________________
Address _______________________________________________________________________
______________________________________________________________________________
Phone ______________________________ Cellular Phone ______________________________
Description of Resource: ______________________________________________________________________________________
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Owner's Name _________________________________________________________________
Address _______________________________________________________________________
______________________________________________________________________________
Phone ______________________________ Cellular Phone ______________________________
Description of Resource: ______________________________________________________________________________________
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Owner's Name _________________________________________________________________
Address _______________________________________________________________________
______________________________________________________________________________
Phone ______________________________ Cellular Phone ______________________________
Description of Resource: ______________________________________________________________________________________
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Large & Small Animal Transportation Resources

Owner’s Name _________________________________________________________________
Address _______________________________________________________________________
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## Attachment 16
### Large Animal Feed & Supply Stores

Hay and grain for large animals, and halters and lead ropes may be secured through donations from local feed and supply stores. Private farms may be an additional or alternate source for feed and ropes. Trail marking tape (colored rolls of thin plastic) may also be available to use around an animal’s neck for identification. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

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Pet Supply Stores

Pet supply stores may offer to meet your small animal needs by donating pet food, carriers, crates or other supplies. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

Store Name __________________________________________________________________
Representative’s Name _________________________________________________________
Business Phone _____________________________ Home Phone ______________________
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Allied Industry Suppliers

Pharmaceutical and medical supply companies or distributors may offer to donate drugs, bandaging material, intravenous fluids, etc. You can include their name(s) in news releases and radio announcements to acknowledge them when appropriate. Pharmacies may also offer to donate drugs for animal use during a disaster. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

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Supplies Available _____________________________________________________________

**Other Sources of Supplies**

Grocery stores may offer to donate pet food, food for staff, and potable water. Restaurants/fast food establishments may offer to donate breakfast, lunch, and/or dinners for your staff during a disaster. Also, restaurants and groceries may have extra 5-gallon plastic containers that would be useful for water storage during a disaster. Collect these prior to the disaster. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

Store Name __________________________________________________________________
Representative’s Name _________________________________________________________
Business Phone _____________________________ Home Phone ______________________
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Potential Animal Shelter Checklist

Animal holding facilities are the most valuable resource in a disaster. A triage system must be implemented if space is available to transport animals needing veterinary care to veterinary hospitals, and healthy but lost animals to shelters, kennels, etc.

Animal identification during transport and holding is essential. An Kennel Card strip with a description of where the animal was found or owner’s name (if known) will greatly aid in returning the animal to its owner following a disaster. Number codes may be helpful if the information is immediately logged on the animal’s medical record.

Standardized medical records must be kept on all animals treated during a disaster; examples of forms for this purpose are found in the Forms Section. Depending on the number of animal injuries, veterinary hospitals may also be used as boarding facilities until the owners can be located and have a place for their pet.

Please contact veterinarians, kennel operators, animal control facilities, and other interested parties in your county who may be able to provide animal sheltering during a disaster. Use the following checklist to ensure you contact all possible resources. Keep a running list of individuals you contact. Record all contracts and offers for space, both public and private, on the following forms. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

Large Animal/Equine

____ Mixed, large animal and equine veterinarians
____ Fairgrounds
____ Local 4-H groups/FFA
____ Stables, private farms
____ Stockyard companies
____ Rodeo arenas, showgrounds
____ Local educational institutions

Small Animal

____ Kennels/boarding facilities
____ SPCA/humane organizations
____ Veterinary hospitals
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<th>Facility Address</th>
<th>Owner’s Name</th>
<th>Phone</th>
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### Veterinary Personnel Resources

Veterinarians and registered veterinary technicians who have volunteered to provide expertise and equipment during a disaster may be listed along with their experience, special training, and the name of their practice or institutional affiliation. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

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Attachment 19
Animal Rescue Request Form

Date sighted ___________________________________ Time ______________________________

Name of requesting party ____________________________________________________________

Agency or owner (if different from above) ______________________________________________

Address _________________________________________________________________________

City ______________________ Zip ______________ Phone: (work) _________ (home) _________

Temporary address _________________________________________________________________

Is there a key available? ________ Location ___________ If no, is keyless entry authorized? ______

Signature of person completing form ____________________________ Date __________________

Location of animal or sighting (Address, cross streets, landmarks) __________________________

________________________________________________________________________________

________________________________________________________________________________

Animal:
Species __________ Breed ___________ Sex ___________ Castrated? _______________

Distinctive markings ________________________________________________________________

Did the animal appear to be injured or in immediate danger? _____________________________

Rescue Use only
Request received: Date _______________ Time _________________________

Action taken ______________________________________________________________________

________________________________________________________________________________

Emergency medical treatment provided to animal_________________________________________

________________________________________________________________________________

______________

Treatment given by __________________________________ Phone ________________________
(circle one) Rescue team member Veterinarian Other ________________________________

Animal taken to ___________________________________________________________________

Address _________________________________________________________________________

City ____________________________ Zip ______________________ Phone _________________

Name of person completing this report _______________________________________________
Attachment 20
Animal Intake Form

Date ________________ Animal ID no. _______________ Animal name _______________
Owner _________________________ Phone _________________________________
Address ___________________________ Zip _________________________________
Temporary address ___________________________ Zip __________________________
Emergency contact (location/phone) __________________________ Phone __________________________
Veterinarian or Veterinary Hospital __________________________ Phone __________________________

If this animal is being submitted by a Good Samaritan:
Where was it found? __________________________
Do you wish to adopt the animal if owner is not found? __________________________

Animal Identification (see Animal Identification Chart)
Species ___________________________ Other ID no. and type _________________
Breed ___________________________ Size __________________________
Coat color ___________________________ Coat length __________________________
Age ___________________________ Sex: M F Neutered F Spayed

Vaccination dates:
Canine: Rabies _______ Distemper/Hepatitis _______ Parvo _______ Bordatella _______
Feline: Rabies _______ Respiratory diseases _______
Other species: __________________________________________________________
Any medical problems? Yes (Please explain) / No __________________________

Current medications ___________________________ Provided by owner? Yes / No
Special dietary needs ___________________________ Provided by owner? Yes / No

Is animal aggressive toward: Men Women Children Other animals

Has this animal bitten anyone within the last 10 days? __________________________

Due to the declared emergency, I am requesting authorized agents to board my animal listed above and agree to all of the following:
1) I understand that my animal may be exposed to diseases and other risks while being housed at the shelter or other facilities and therefore I will not hold them responsible for the health or death of my animal.
2) I agree to attempt to find alternate housing for my animal as soon as possible.
3) I agree to contact the shelter on a daily basis to keep the Animal Issues Committee updated on my whereabouts and possible alternate housing.
4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet within five working days.
5) I understand that I will be subject to boarding fees starting on the sixth day after drop off.
6) I understand that the animal must be picked up by the 14th day or it becomes property of the City of Conoe.

Owner Signature ___________________________ Date __________________________
Volunteer/Witness ___________________________ Date __________________________

Transport: Time called: ___________ Time Pkup: ___________ Pkup by: ________________
Attachment 21
Lost Pet / Found Pet

Today’s Date ______________________ Date Lost or Found: __________________

Is this for a found or lost pet? (circle one) Found / Lost

Owner _____________________________ Phone _____________________________
Address ______________________________________________________________
City ________________________________________ Zip ______________________
Temporary address ______________________________________________________

Emergency contact (location/phone) _______________________________________

Veterinarian or Veterinary Hospital _____________________ Phone ______________
Location of animal loss or find:

Cross street and neighborhood: ____________________________________________
City _________________________________________ Zip ____________

Photo available? Yes / No Other missing animals on file? Yes / No

Pet information
Species ________________________ Other ID no. and type _____________________
Breed __________________________ Size ______________________________________
Coat color ______________________ Coat length _____________________________
Age ___________________________ Sex: M F M/Neutered F/Spayed
Detailed description ______________________________________________________

Date of last rabies vaccination: _____________________________________________

Any medical problems? Yes (Please explain) / No ______________________________

Current medications: ______________________________________________________
Special dietary needs: ____________________________________________________
Is animal aggressive toward: Men Women Children Other animals

Has this animal bitten anyone within the last 10 days? Yes / No

Owner Signature _______________________________ Date ____________________
Attachment 22

Animal Release Form

Date _________________________________ Animal ID No.______________________________
Species ______________________________ Breed _________________________________
Other property ________________________________________________________________
Housed at _____________________________________________________________

I hereby acknowledge that I am the owner/responsible person for the above animal, have
taken custody of my animal on ____________ and that I am now responsible for its transport
and care. I also acknowledge that I have received my animal in satisfactory condition. I
release this facility, all of its volunteers, and any sponsoring agencies associated with this
facility’s animal care from any further responsibility.

I have also been advised that the premises to which I am returning the animal should be thoroughly checked
for damage (fences down, holes, hot spots, chemicals and any other animal endangering conditions) before
returning the animal to its premises, and before the animal is released from this facility.

Date __________________________
Signed _________________________________
Identification ___________________________
Released by ______________________________

Attachment 23

Animal Disaster Response Volunteer Contract

ID Card
When you have completed necessary paperwork, completed required training and passed the examination, Animal Issues Committee Co-Chair(s) and Team Leaders will receive an identification card. This identification card must be on your person at all times while you are volunteering during a disaster or drill. If you do not have your ID card with you, do not expect anyone, from your agency or any other agency, to accept you as a bona fide member of the disaster team.

Insurance
You are expected carry your own medical insurance and vehicle insurance for personally owned equipment used during a disaster.

Attire
If your attire is inappropriate for a task, you will be reassigned to a safer position. This is for your coworkers’ safety as well as your own. Please do not wear open-toed shoes.

Health
If you are not in robust health, do not attempt front-line duty. There are many positions where only a healthy mind is required. Specifics of your health status do not necessarily need to be disclosed, but it is your own responsibility to be sure that your work assignment is appropriate to your own health status. As an incident wears on, medical problems that are not usually limiting become significant; if you begin to have difficulty, please notify the incident commander, first-aid doctor or your immediate supervisor promptly so that you can be reassigned or excused.

Please remember that blood on the surface of an animal may not necessarily have originated from that animal; i.e. it may be human blood inadvertently spilled on the animal’s coat during a disaster or an attempted rescue. Because of certain blood-borne viruses such as hepatitis and AIDS, your potential exposure to human blood - especially if you have any open sores that contact the blood - is generally a much greater risk than exposure to animal blood. Please use rubber gloves, CPR masks and take other appropriate measures to protect yourself from exposure to human blood. Please keep your tetanus vaccines up to date - carry a doctor’s certification of your most recent inoculation. Rabies is a very serious risk in a disaster situation, especially in endemic areas. Please do not handle wildlife. Take proper precautions to avoid animal bites, and if bitten, please report immediately to the incident commander or human medical officer. If the biting animal is not available for either quarantine observation or direct brain examination, you are advised to go through the rabies vaccination and immunoglobulin series (at your own expense).

Behavior
Exemplary behavior from all volunteers is expected at all times. The command structure is to be respected and
neither usurped nor ignored at any time. The incident commander currently on duty is the ultimate decision-maker for all situations within the animal response program on-site. (The incident commander reports to the Emergency Operations Center at the EOC, law enforcement officials, and elected officials). If a duty schedule is in force, you may be sent home if you are working outside your assigned time slot or work position. Fatigue clouds judgment, shortens tempers and affects your quality of work on subsequent shifts. Any confrontational behavior, evidence of illegal drug use, alcohol consumption, inappropriate smoking, willful failure to follow instructions, interference with the work of others or evidence of theft may incur reassignment, surrender of badge or relief of duty for a period of time. Any other obviously inappropriate behavior will be handled similarly.

Food & Shelter

You are expected to bring whatever clothing, food, drinking water, medication, bedding, and personal care supplies that you will need during the first 72 hours of the disaster incident. If appropriate and feasible, bring your own shelter from rain or sun. You may not be able to return home or leave the facility to purchase necessary items.

Your Own Animals

If your own animal(s), home or business is at risk from a progressing disaster, please take care of your own animals and structures before reporting to help others. This includes evacuation of your own animals. If you have already committed to an immediate response, please try to let the scheduler know that you will be late or absent, especially if you are to fill a leadership position.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE RULES STATED. I AGREE TO ALL POINTS OF THIS CONTRACT. I HAVE BEEN ISSUED AN IDENTIFICATION CARD; I UNDERSTAND THAT IF I BREAK THE RULES OF THIS CONTRACT, I MAY HAVE TO SURRENDER MY ID CARD AND FORFEIT MY MEMBERSHIP STATUS PERMANENTLY.

Signature ____________________________________________

Date __________________________

Print Name ____________________________________________
Attachment 24
Important supplies to keep on hand

If disaster is severe, have a generator prepositioned - this will be critical! Remember, this list is for a small to medium sized team. Adjust to fit your team needs. Please forward any recommended additions or deletions for future versions of this guide.

General
rubbing alcohol: 6 gallons
bleach: 3 gallons
tackle box for crash kit with lock
cage cards
Polaroid cameras: 2
clipboards: 15
dictionary: spanish/english
euthanasia forms
flashlights with fresh batteries: 6
hydrogen peroxide: 2 gallons
limes: 30lb. in 10lb. bags
light bulbs
paper clips
paper towels
step on scale
scissors: 12
sharps containers: 2
scrub brushes for cages: 5
staplers: 5
tape: masking 1”, 2”, and duct: 5 rolls each
towels: at least 40-50
varikennels: 30 small, 20 medium, 20 large
shoeboxes (plastic) for birds, mice, reptiles: 3

back support belts: 4 small 6 medium 6 large
betadine solution: 6 small 4 medium 6 large
bucket: 2
calculators: 4
manual can opener: 3
controlled drug logs
digital camera
film: Polaroid 600 instant film, high definition generator
labels for prescriptions
light fixture that clamps on with light bulbs: 3
newspapers
paper plates: large, small
pens and highlighters
gram scale
Sharpies, wide and thin point: 24
s-hooks to hold fluids
spray bottles: 3
strong box for controlled drugs and lock
tarp with poles and sides
30 gallon trash bags
wire ties

Small Animal

Medications
Advantage: dog and cat in all sizes
Amoxicillin: 100 mg 500 tabs
Amoxicillin suspension: 13
Baytril 22.7mg 100 tabs
Baytril injectable: 12 bottles
Betadine solution: 1 gallon
50% Dextrose: 1 bottle
Dopram: 1 bottle
Epinephrine 1:1000: 1 bottle
Ketamine: 1 bottle
Ophane
PBN ophthalmic ointment: 6
Rompun: 1 bottle
Yohimbine: 1 bottle

Fluids:
Acepromazine inj.: 1 bottle
Amoxicillin 400 mg 250 tabs
Baytril: 5.7mg 100 tabs
Baytril 68 mg 100 tabs
Betadine scrub: 1 gallon
Chloroelase
Dexamethasone Phosphate: 5 bottles
Euthanasia solution: 1 bottle
Fluorescein stain
KY lubricant: 6 tubes
Polylube injectable: 2 bottles
Torbugesic, 5 mg and 10 mg inj.: 5 bottles each
Silvadene creme
Appendix 4 to Annex N

Medical supplies

AD food: 2 cases
alligator forceps: 2
cast material: 4 rolls
battery operated clippers: 2
# 40 blades: 3
e-collars: 10 each #30, 25, 20, 15, 12.5, 10, 7.5
cotton rolls: 30
Elasticon
gauze rolls: 10 dozen
exam gloves, 1 box each medium and large
hemostats: 6
IV catheters: 12 each 20 g and 22 g
leashes: 100
needles: 25 g (400), 22 g(500), 20 g(600)
pill vials
Qtips: 100
Rx labels
padded splints: 12 each size
scrub brushes for hands: 3
surgical masks with and without eye shields
thermometers: 6
hand towels: 6
wire cutters: 3

adhesive tape 1 and 2 inch: 50 rolls each
bottles, squeeze: 1/4 oz, 1 oz
catbags and nets: 3 each
batteries for clippers
cold sterile solution
collars, ID
disinfectant for kennels: 4 gallons
feeding tubes, red: 2 each size
gauze, 3 X 3: 4 dozen
surgery gloves, size 7 and 8: 1 box each
IV sets: 21
butterfly catheters: 3 dozen
muzzles, cat and dog-all sizes 3 sets
pen lights: 12
pooper scoopers
rabies poles: 5
silver nitrate
bandage scissors: 4
stethoscopes: veterinarians bring their own
syringes: 1 cc, 3 cc, 6 cc, 12 cc, 35 cc, 60 cc
tourniquets: 3
Vetwrap, 2" and 4": 3 boxes each

Large Animal

Remember not to use any medication on livestock unless you know its withdrawal periods and any restrictions placed on its use by regulatory agencies!

Equine Medications

Acepromazine inj.: 2 bottles
Banamine inj. and granules
Butorphenol 10 mg/ml inj.: 2 bottles
Dipyrone inj.
Epinephrine 1:1000: 1 bottle
Fluids: LRS 56 liter bags (20 liters per horse)
Furacin cream
Guaiifenesin inj.: 2 bottles
Ketofen inj.: 2 bottles
Panalog ointment
Phenylbutazone injectable and paste
Prenetic 2X inj.: 2 bottles
Toxiban granules: 2 pails

Atropine ophthalmic
Betadine ointment
Dexamethasone 4 mg/ml inj.: 2 bottles
Detomidine inj.: 2 bottles
Euthanasia solution: 1 bottle
Fluorescein stain
Gentamicin 100mg/mL inj.: 4 bottles
Ketamine inj.: 2 bottles
Lidocaine 100mg/ml: 2 bottles
PBN ophthalmic
Procaine Penicillin G: 4 bottles
TMPS 906 tabs
Xylazine (Rompun) 100 mg/ml: 2 bottles

LRS 1L bags: 15 cases, NaCl: 2 cases, LRS 250 ml bags: 8 bags
Livestock Medications

Acepromazine injectable
Banamine inj. and granules
Butorphenol 10 mg/ml
Calcium chloride powder, 100gm boluses
Dexamethasone 4 mg/ml inj.: 2 bottles
Dipyrone inj.
Euthanasia solution: 1 bottle
Fluids: LRS 56 liter bags (20-40L per cow)
Guaifenesin inj.: 2 bottles
Ketofen inj.: 2 bottles
Lidocaine 200mg/ml: 2 bottles
Poloxalene (Therabloat): 6
Predef 2X inj.: 2 bottles
Xylazine (Rompun) 100 mg/ml: 2 bottles

Atropine ophthalmic
Betadine ointment
Calcium gluconate inj.
Detomidine for analgesia, sedation
Dextrose 500ml bottles: 12
Epinephrine 1:1000: 1 bottle
Florfenicol (Nuflor): 2 bottles
Fluoroscein stain
Ketamine: 2 bottles
LA-200 (oxytetracycline)
Micotil 300mg/mL inj.: 1 bottle
Phenylbutazone inj. and paste
Procaine Penicillin G: 6 bottles
Tetanus toxoid and antitoxin

Remember not to use any medication on livestock unless you know its withdrawal periods and any restrictions placed on its use by regulatory agencies!

Large Animal Medical supplies

baling gun: 2
balling gun: 2
black blankets or coolers
sheet cotton
blanket material
earplugs, Caskel cushions: 3 sizes
drains
6" brown gauze: 4 dozen
Elasticon 3": 5 dozen
4" Kling gauze: 4 dozen
table cotton or leather halters: all sizes, horse and cow
4" x 4" gauze: 12 pkg.
drain materials: 2-3 LA surgery packs, more if disaster is severe
exam gloves, all sizes: 1 box each
all instruments for 2-3 LA surgery packs, more if disaster is severe
heavy leather gloves: 1 each size
hoof knives: 6
cattle marker crayons: 12
All instruments for 2-3 LA surgery packs, more if disaster is severe
IV needleholders, 3 sizes
more if disaster is severe
IV lines and extensions: 24
suture materials: 3, 2, 1 .0, 00 Vicryl; 3, 2, 1, 0
suture materials: 3, 2, 1 .0, 00 Vicryl; 3, 2, 1, 0
syringes: 3 cc, 12 cc, 35 cc, and 60 cc
stretch knit cotton bandages for leg wraps
needles: 6
suture materials: 3, 2, 1, 0
suture materials: 3, 2, 1, 0
suture needles
suture needles
Vetafil
trocar: 12
ultrasound equipment
xray equip: cassettes, aprons, gloves

Ropes:

foot ropes, 15’ : 4
cotton lead ropes, 15’ with bull snap: 8
cotton ropes 100’ each: 4
manilla ropes 50’ by ¾” : 2