

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHO?

Worksheet Wk-1, Approvals & Contacts Roster

NOTE: The local plan should be reviewed at least annually by all parties/agencies involved, including sign-off to approve of the plan's components and commitment to participate.

Approval Form

Animal Planning Committee Approvals

_____ CITY/COUNTY EMERGENCY MANAGEMENT

Signature: _____ Date _____

_____ CITY/COUNTY ANIMAL CONTROL

Signature: _____ Date _____

_____ CITY/COUNTY PUBLIC HEALTH DEPARTMENT

Signature: _____ Date _____

_____ CITY/COUNTY PURDUE EXTENSION

Signature: _____ Date _____

INDIANA STATE BOARD OF ANIMAL HEALTH

Signature: _____ Date _____

PRIVATE VETERINARIAN

Signature: _____ Date _____

AREA HUMANE SOCIETY/SHELTER REPRESENTATIVE

Signature: _____ Date _____

Key Contacts Roster

NOTE: All resources, both material and human, should be coordinated with the local Emergency Management Agency to ensure efforts are not being duplicated or allocated/committed to tasks that are not considered the highest priority component(s) of a community's plan. Copies of key contacts and resources should be on file with the local Emergency Management Agency to ensure deployment of resources is accomplished in accordance to the main local plan.

Parties to include in the planning process:

1. Government Agencies

Indiana State Board of Animal Health 317/544-2400 or (toll-free) 877/747-3038

County emergency management _____

County and city fire/rescue _____

County and city law enforcement _____

County and city animal control _____

County Purdue Extension Service _____

County Health Department _____

County and city parks and recreation _____

County solid waste management _____

County department of forestry/Conservation Officer _____

Other _____

2. Industry and Allied Groups

Cattlemen's association, Dairy clubs _____

Horse clubs, Farriers _____

Humane Societies/SPCA _____

Animal transporters _____

Renderers _____

County fair association/board _____

Commercial animal industries (horse stables, dog/cat breeders and kennels, dairies, swine operations, etc.) _____

Feed supply businesses _____

Pet food and supply businesses _____

Horse track representatives _____

Mobile home parks, apartments and condominiums that allow pets _____

Local zoos or animal parks _____

Veterinary hospitals/clinics _____

Utilities _____

3. Volunteer Organizations

Indiana Veterinary Medical Association for veterinarians in the county 800/270-0747;
317/924-0888; www.invma.org

Indiana Veterinary Technician Association for registered veterinary technicians in the county

Animal welfare/rescue groups (humane societies, kennel clubs, cat clubs, bird clubs, etc.)

Youth Organizations (4-H clubs, FFA, etc.) _____

Boating clubs _____

Wildlife rehabilitation groups _____

Local food banks _____

Other disaster response agencies (Red Cross, Salvation Army, etc.) _____

Other animal clubs _____

Emergency Staffing

Are the following in the local emergency plan?

- Resources to meet emotional and physical needs of staff and volunteers directly affected by the disaster?
(see county emergency management for disaster stress counseling) yes no
- Disaster organization chart that is different from the normal chart? yes no
- Staff who maintain contact on days off/vacation in case of disaster? yes no
- Staff who will automatically report in case of a disaster? yes no
- Staff and/or volunteers who do not need supervision for immediate needs? yes no
- Volunteer phone list with area(s) of expertise listed? yes no
- Backup plan when volunteers do not show up? yes no
- Board of Directors who will assist? yes no

Team/Subcommittee Roster

1. Animal Sheltering/Care Subcommittee:
Coordinator/chair:

2. Animal Response Team(s):
Coordinator/chair:

3. Human Resource Management:
Coordinator/chair:

4. Logistics Management:
Coordinator/chair:

5. Public Awareness:
Coordinator/chair:

Animal Care Resources (Feed, Bedding and Confinement)

Consider the following businesses for obtaining these resources: pet supply stores, tack shops, feed elevators, farm equipment supply stores, hardware stores, grocery stores, pharmaceutical and medical supply companies or distributors, Large private farms may also have needed resources.

These suppliers should be contacted in advance of an incident and pertinent information should be periodically updated. For those facilities that do not have a Premise ID Number, one can be obtained through the Indiana State Board of Animal Health. Make copies of this sheet to accommodate all information.

Business Name: _____
Business Address: _____
Premise Identification Number: _____
Contact person (owner/manager): _____
Phone number: _____
Alternate phone in case of emergency: home: _____ cell: _____
Supplies available: _____

Business Name: _____
Business Address: _____
Premise Identification Number: _____
Contact person (owner/manager): _____
Phone number: _____
Alternate phone in case of emergency: home: _____ cell: _____
Supplies available: _____

Business Name: _____
Business Address: _____
Premise Identification Number: _____
Contact person (owner/manager): _____
Phone number: _____
Alternate phone in case of emergency: home: _____ cell: _____
Supplies available: _____

Business Name: _____
Business Address: _____
Premise Identification Number: _____
Contact person (owner/manager): _____
Phone number: _____
Alternate phone in case of emergency: home: _____ cell: _____
Supplies available: _____

Animal Holding Areas for _____

1. Livestock care and holding facilities

Attempt to shelter animals in place if possible. Consider the following alternatives for housing livestock: county fair locations, including adjacent counties, livestock auction facilities, university farms, licensed riding stables and animal shelters, state or federal land (DNR), private farms. Also identify resources for erecting temporary facilities with items such as tents and portable stalls and gates. For those facilities that do not have a Premise ID Number, one can be obtained through the Indiana State Board of Animal Health.

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

2. Companion animal holding facilities

Consider the following types of businesses and facilities for housing companion animals: private veterinary hospitals/kennels, registered animal shelters (county run and private, non-profit), and county fairgrounds. Shelters that specialize in caring for exotic species should also be identified. Locate resources for erecting temporary facilities with items such as tents and portable pens and cages. For those facilities that do not have a Premise ID Number, one can be obtained through the Indiana State Board of Animal Health.

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Facility Name: _____
Facility Address: _____
Premise Identification Number: _____
Contact Name (owner/manager): _____
Phone number: _____ Cell: _____ Home: _____
Species that can be accommodated and capacity: _____

Hotels/Motels Accepting Animals

Hotels / motels that accept pets in the area. Note: Some hotels and motels will ease pet restrictions during an emergency situation.

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
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Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Hotel/motel name: _____
Address: _____
Phone number: _____ Number of rooms: _____
Types of animal allowed: _____

Animal Transportation Resources

In the event of an incident, additional resources may be needed.

Small/Companion Animals

Name of Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Name of Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Name of Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Livestock/Large Animals

Name of Livestock Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Name of Livestock Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Name of Livestock Hauler: _____

Address: _____

Phone (Home): _____ (Cell) _____ (Alt) _____

Type of vehicle/animal species hauled/capacity: _____

Emergency/Disaster Telephone Contacts

COUNTY: _____

	NAME	PHONE NUMBER
Police/Sheriff		
Fire		
American Red Cross		
Emergency Management		
Wildlife Rehabilitator		
Indiana Dept. of Nat. Resources		
Animal Control		
Other Humane Shelter		
Other Humane Shelter		
Rendering		
<u>VOLUNTEER ROSTER</u>		
Animal Response Coordinator		
Veterinarian		
Veterinarian		
Livestock Hauler		
Livestock Hauler		
Equine Hauler		
Equine Hauler		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		
Volunteer		

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHAT?

Worksheet Wk-2, Hazard Vulnerability Worksheet

1. Hazard Assessment

Below is a list of possible hazards. Check the appropriate box to describe its likelihood. Add to the list any other possible hazards that might occur in your county. Working with your county emergency management agency, decide what hazards are most likely to occur, less likely, or the threat is very minimal.

Occurrence Frequency: **Very Likely** = near 100% probability within the next year

Likely = between 10% and 100% probability in the next year or one chance of occurring in 10 years

Possible = between 1% and 10% probability within the next year or one chance in the next 100 years

Not Likely = Less than 1% probability within the next 100 years

HAZARD TYPE	VERY LIKELY	LIKELY	POSSIBLE	NOT LIKELY
Tornado				
Flood/Flash Flood				
Winter Storm/ Ice Storm/ Blizzard				
Drought				
Fire - Structure				
Fire - Wildfire				
Hazardous Materials				
Oil Spill				
Power Outage				
Airplane Crash				
Train Derailment				
Major Highway Incident				
Nuclear/Radiological Incident				
Powerplant/Substation Damage				
Water Supply Contamination				
Chemical/Biological Terrorism				
Reservoir/Dam Failure				
Civil Disturbances				

2. Vulnerability

Likelihood of disaster and its severity _____

Geographical area(s) that may be affected _____

Human population(s) that may be affected _____

Animal population(s) that may be affected _____

3. Do local animal facilities have a written emergency/disaster plan?

yes no

***Particularly important for planned sheltering sites and those that regularly house animals.*

Does it address the disaster(s) in number one? yes no

Do facility staff members have personal preparedness plans? yes no

4. Do local animal facilities have a contingency plan in the event :

Facility entirely destroyed yes no

Temporary site for number of animals in question is needed yes no

Evacuation of animals and/or equipment is necessary yes no

 Animal handling yes no

 Animal transport yes no

Reduced capacity of facility or services yes no

No electrical power yes no

No water yes no

No access to facility yes no

5. What is the awareness/preparedness level in the community?

Of the top three disaster risks, has any occurred in the last two years?

- | | |
|------------------------------------|--|
| 1. _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Similar event occurred nationally? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Similar event occurred nationally? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Similar event occurred nationally? | <input type="checkbox"/> yes <input type="checkbox"/> no |

Is an active preparedness awareness program (human or animal) in place? yes no

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHAT?

Worksheet Wk-3, Animal Population Estimate

1. Household Pet Estimate

Use census data (either households or individuals) and national pet-owning averages to establish a estimated number of companion animals living in a county.

Number of households in county: _____

Or

Number of people in county: _____ divided by 2.67 = _____ households in county

Animal estimates, based on people populations and ownership estimates (below):

Dogs: _____

Cats: _____

Birds: _____

Horses: _____

Example: To find the dog estimate for a community of 10,000 households: multiply 10,000 by 31.6% (Table A), then multiply the results by 1.69 (Table B).

Dogs: $10,000 \times 31.6\% = 3,160 \times 1.69 = 5,340.4$ dogs in the community

TABLE A - Percentage of Pet-Owning Households in the United States

Species	% of U.S. Households Owning Pets
All Pets	58.9
Dogs	31.6
Cats	31.6
Birds	4.6
Horses	1.7
Other Pets	10.7

Source: *U.S. Pet Ownership and Demographics Sourcebook*, Center for Information Management.
American Veterinary Medical Association. Schaumburg, IL. 2002

TABLE B - Average Number of Companion Animals per Household

Species	Average Number of Pets per Pet-Ownning Household
Dogs	1.69
Cats	2.19
Birds	2.1
Horses	2.9

Source: U.S. Pet Ownership and Demographics Sourcebook, Center for Information Management. American Veterinary Medical Association. Schaumburg, IL. 2002

2. Production Animal Estimate

Use U.S. Department of Agriculture National Agriculture Statistics Service estimates to determine the potential number of livestock species likely to be affected.

Cattle, Dairy:

Beef:

Horses:

Swine:

Poultry:

Other (sheep, goats, elk, ostriches, llamas, etc.):

Other exotic species:

Other concentrations of animals (kennels, shelters, etc.):

3. *Local Sources Survey*

List of individuals and/or businesses who are potential sources of information for an animal survey. This is particularly helpful in identifying concentrations of animals, such as kennels, shelters, boarding stables, research facilities, etc.

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHAT?

Worksheet Wk-4, Resources Assessment

NOTE: All resources, material and human, should be coordinated through the local Emergency Management Agency to avoid duplication of effort and allocation/commitment of resources to tasks other than those of highest priority according to the local master plan.

1. Services Provided or Contact Names

If provided (or where to get quickly) for the duration of the disaster: List **contact name, address and phone.**

Dead animal pick up and disposal (service and site)

Large animal _____

Small animal _____

Animal housing - give maximum number

In-house _____

Temporary shelter(s) _____

Provide food for all species of evacuated animals _____

Alternate Site(s) for large animals _____

Alternate Site(s) for small animals _____

Food delivery to shelter sites

Livestock _____

Companion animals _____

Exotic animals _____

Food delivery to isolated areas

Livestock _____

Companion animals _____

Exotic animals _____

Transportation (People)

Ground vehicle _____

Boat _____

Snow mobile _____

Helicopter _____

Plane _____

Horse _____

Transportation (Animals)

Ground vehicle/Trailer _____

Boat _____

Helicopter _____

Medical care

Veterinarian(s) _____

Mobile Unit _____

Registered Veterinary Technicians _____

Animal rescue personnel and equipment (all types of animals)

2. Communications

If no power is available, do you know where the following may be obtained and quickly set up for the duration of the disaster?

Multiple phone lines _____

Mobile radios _____

Portable radios _____

Cell phones _____

Ham radio and operator _____

Typewriter or word processor with printer _____

Fax machine _____

Copy machine _____

Other _____

3. Networking

Contact name(s) and phone number(s) to call:

County emergency management director and assistant director _____

Local American Red Cross chapter - disaster chairperson _____

State Board of Animal Health - State Annex for Veterinary Emergencies (SAVE) _____

Have a copy of county emergency/disaster plan? yes no

Have a copy of SAVE's (state) animal disaster plan? yes no

Have a copy of SEMA's Comprehensive Plan? yes no

Wildlife rehabilitator(s) _____

Livestock association/group(s) _____

Horse association(s) _____

Kennel clubs _____

Cat clubs _____

Boarding kennels _____

Boarding stables _____

Fairgrounds/rodeo grounds _____

Does the county/community have written mutual aid agreement(s)? yes no

4. Public Information Contacts

Media (*see county emergency management director for name public information officer*). One person should be designated as the public information officer/spokesperson for animal-related events to work with the state in bigger, government-declared events.

List local media contacts for disseminating information during a disaster, as well as essential contacts who can provide information updates that can be conveyed to the media:

Television _____

Radio _____

Radio _____

Radio _____

Newspaper _____

Law Enforcement/Local police _____

Sheriff _____

State police _____

Fire department(s) _____

County Dept of Natural Resources Representative _____

Animal control/humane societies _____

5. Animal Caging

Give number in storage or have direct access to, with contact name, address, phone number and who will transport to and from the disaster.

Portable cages/crates of various sizes _____

Live animal traps _____

Capture equipment _____

Cardboard cat/small animal carriers _____

Portable livestock stalls _____

Portable livestock fencing/gates _____

Large army or event-type tent _____

Can animals be housed for several days? yes no

Can disease and sanitation control be maintained for same time period? yes no

Do you have a staff that could monitor the animals while being housed? yes no

6. Financial Planning

Source(s) of money spent directly on a disaster and estimated budget. Potential sources:

- Prior board of directors', council, or governing board's approval of emergency funds
- Special fund
- General fund
- Private foundations
- Contributors
- State or federal relief

Donations Coordinator _____

Special account(s) for monetary contributions _____

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHERE?

Worksheet Wk-5, Shelter Assessment

NOTE: All resources, including shelter and care sites, should be coordinated through the local Emergency Management Agency to avoid duplication of effort and allocation/commitment of resources to tasks other than those of highest priority according to the local master plan.

Primary Shelter Sites for:

***Include any contact information and site location.*

Small Animals:

1. _____
2. _____
3. _____

Large Animals:

***Appropriate accommodations vary by species.*

1. _____
2. _____
3. _____

Exotic/Wild Animals:

***Appropriate accommodations vary by species.*

1. _____
2. _____
3. _____

Pet-Friendly Shelters:

1. _____
2. _____
3. _____

COUNTY ANIMAL DISASTER PLAN WORKBOOK

WHEN?

Worksheet Wk-6, Activation and Activities

NOTE: The county animal guide should specify under what circumstances the Animal Response Team activates. The guide should also outline training and exercise needs, as well as public awareness opportunities.

Activation Scenarios

Training

Exercises

Public Awareness Events/Opportunities/Partnerships

COUNTY ANIMAL DISASTER PLAN WORKBOOK

HOW?

Worksheet Wk-7, Standard Operating Procedures

NOTE: Suggested Standard Operating Procedures are provided for a few key animal response activities. Others may be necessary, depending on the needs of the local community and the essential elements of the animal care guide.

Provided:

Animal Identification Protocols:

 Small Animal Identification Responsibilities

 Large Animal Identification Responsibilities

Reunification of Animals with Owners or Disposal Procedures

Guidelines for Establishing and Operating a Pet-Friendly Shelter

Public Information Guidelines for Emergencies

Other Possible Needs:

Dead Animal Disposal

Establishing Alternate Shelter Site

Animal Response Team Activation/Call-Up Protocol
