



Disaster Planning

Forms

THE HUMANE SOCIETY
OF THE UNITED STATES™

Disaster Planning for Animals *Forms*

The following forms are templates for your use in developing and implementing a disaster plan for animals. Feel free to copy them and adapt them to the particular needs of your community.

Many of the forms have a blank line in the upper righthand corner for you to record a tracking or log number. It is important to fill out a separate form with a unique tracking number for each animal.

If possible, have your printer use carbonless copy paper for your blank forms—and do so well ahead of the disaster. You will want multiple copies of most forms.

SPECIAL NOTE: Several of the forms are legal in nature and should be reviewed by local attorneys to make sure they are in line with state and federal laws.

The **Emergency Release Form** is used to request temporary housing for an animal because of a pending or occurring disaster. A separate form should be filled out for each animal, even animals from the same family.

The **Volunteer Agreement & Release of Liability** is used whenever organizations use volunteers to help with animal relief efforts. *Check with a local attorney* on what type of release best fits your organization.

The **Disaster Response Volunteer Intake Form** is used to determine the skills and availability of volunteers.

The **Animal Relief Volunteer Badge** is a template for making identification badges for volunteers. They can be color coded according to the type of job being performed. The volunteer should present the badge with some kind of photo identification when requested.

The **Registration and Agreement—Pet Friendly Public Evacuation Shelter** is for families entering a pet friendly public evacuation shelter. It is a record of information about the animal and human family members and constitutes a signed agreement between family members and shelter, stating that they will abide by the rules of the shelter.

The **Animal Rescue Request Form** is distributed to animal owners, law enforcement and military personnel, utility crews, and other workers in a disaster area. It gives rescue teams detailed information on the animal, including location, and allows for tracking the disposition of an animal.

The **Notice of Found Animal** is used for signage on the home of an animal who has been rescued or otherwise brought to an animal shelter. It informs the property owner that an animal was found at that location.

The **Animal Facility Survey** is used to gather information on facilities that house animals on a regular basis for the community animal disaster plan. It provides disaster responders with essential information on the location of the animals and on hazardous conditions that may hamper rescue efforts.

EMERGENCY RELEASE FORM

Log # _____

(Please be sure to check with a local attorney on what type of release best fits your organization.)

The undersigned owner(s) (agent) of the animal described as follows:

Name of Animal: _____ Species: _____ Breed: _____

Description of Animal: _____ Age: _____

hereby requests the emergency quartering of the animal being evacuated because of a pending or occurring disaster. The animal owners (agents) hereby release the person or entity who is receiving the animal (hereinafter "animal caregivers") from any and all liability regarding the care and quartering of the animal during and following this emergency. The animal owners (agents) acknowledge that if emergency conditions pose a threat to the safety of the animal, additional relocation may be necessary, and this release is intended to extend to such relocation.

The animal owners (agents) acknowledge that the risk of injury or death to the animal during an emergency cannot be eliminated and agree to be responsible for any veterinary expenses which may be incurred in the treatment of their animal. It is also requested that the animal owners (agents) contribute to the feeding and daily care of their animal, if possible.

If an animal is not claimed within thirty (30) days (unless prior arrangements have been made), the animal owner will be notified of possible adoption or relocation.

PRINTED NAME OF ANIMAL OWNER (AGENT) DATE

SIGNED NAME OF ANIMAL OWNER (AGENT) DATE

ADDRESS OF ANIMAL OWNER (AGENT)

HOME PHONE (INCLUDING AREA CODE) CELLULAR PAGER

PLACE OF EMPLOYMENT WORK PHONE

ADDRESS TO WHICH OWNER (AGENT) PLANS TO EVACUATE DURING EMERGENCY

PHONE (INCLUDING AREA CODE)

It is the responsibility of the animal owner (agent) to keep the animal caregivers informed of where the animal owner (agent) can be contacted following the emergency.

NAME OF ANIMAL CAREGIVERS CONTACT PHONE

ADDRESS OF ANIMAL CAREGIVERS

SIGNATURE OF ANIMAL CAREGIVERS

This animal is being released for the following disposition (please check one):

- permanent adoption in-field euthanasia temporary hold for _____ days
 hold until able to reclaim other, please explain _____

VOLUNTEER AGREEMENT & RELEASE OF LIABILITY

(Please be sure to check with a local attorney on what type of release best fits your organization.)

I, _____, **HEREBY ACKNOWLEDGE** that I have voluntarily applied to assist _____ in the disaster situation described as follows: _____

I AM AWARE THAT WORKING IN THE SAID DISASTER SITUATION MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

Please Initial: _____

AS LAWFUL CONSIDERATION for being permitted by _____ to assist in the said disaster and receive, as it may be, disaster relief training and instruction, free meals, transportation, lodging, or other like considerations, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will not make a claim against, sue, attach the property of, or prosecute _____ for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of _____, or its affiliates, as a result of my assisting in the said disaster. In addition, I hereby release and discharge _____ and its affiliate organizations from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns may have for injury or damage resulting from my assistance in the said disaster.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND _____ AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE / DATE

WITNESS'S SIGNATURE

SIGNATURE / DATE

WITNESS'S SIGNATURE

DISASTER RESPONSE VOLUNTEER INTAKE FORM

Please Print

NAME _____ AGE (IF UNDER 18) _____

PHONE—DAY (AREA CODE INCLUDED) _____ EVENING _____ OTHER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SKILLS

- | | | |
|--|--|--|
| <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Animal Sheltering | <input type="checkbox"/> Animal Rescue |
| <input type="checkbox"/> Small Animal Handling | <input type="checkbox"/> Farm Animal Handling | <input type="checkbox"/> Equine Handling |
| <input type="checkbox"/> Exotics and Wildlife Handling | <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Customer Service | |
| <input type="checkbox"/> Other _____ | | |

WILLING TO DO

- | | | |
|---|--|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Animal Rescue | <input type="checkbox"/> Shelter Clean-Up |
| <input type="checkbox"/> Animal Health Care | <input type="checkbox"/> Office Work | <input type="checkbox"/> Phones |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Driving | <input type="checkbox"/> Damage Assessment |
| <input type="checkbox"/> Other _____ | | |

VACCINATION HISTORY

- Rabies Pre-Exposure, Date _____ Tetanus, Date _____ Hepatitis A, Date _____

WHEN AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

STARTING DATE AVAILABLE _____ LENGTH OF TIME AVAILABLE (1 WEEK, 1 MONTH, OPEN) _____

IN WHAT PART OF THE COUNTY ARE YOU WILLING TO WORK? _____

SPECIAL EQUIPMENT / RESOURCES OFFERED _____

REFERRED BY _____ COMMENTS _____

INTERVIEWER _____ DATE _____

ANIMAL RELIEF VOLUNTEER BADGE

Volunteers should have name tags. Use the following as a master, typing in the name of your shelter above the first line on each badge, then photocopying the master. Use heavy stock. You can use different color stock so that the type of volunteer is readily identified by the color.

ANIMAL RELIEF VOLUNTEER

NAME OF VOLUNTEER

NAME OF SHELTER

Issued By _____

Date _____

Identification valid only when presented with a picture ID.

ANIMAL RELIEF VOLUNTEER

NAME OF VOLUNTEER

NAME OF SHELTER

Issued By _____

Date _____

Identification valid only when presented with a picture ID.

ANIMAL RELIEF VOLUNTEER

NAME OF VOLUNTEER

NAME OF SHELTER

Issued By _____

Date _____

Identification valid only when presented with a picture ID.

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NAME OF VOLUNTEER

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Identification valid only when presented with a picture ID.

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NAME OF VOLUNTEER

NAME OF SHELTER

Issued By _____

Date _____

Identification valid only when presented with a picture ID.

ANIMAL RELIEF VOLUNTEER

NAME OF VOLUNTEER

NAME OF SHELTER

Issued By _____

Date _____

Identification valid only when presented with a picture ID.

REGISTRATION AND AGREEMENT— PET FRIENDLY PUBLIC EVACUATION SHELTER

Log # _____

(Please be sure to check with a local attorney on what type of release best fits your organization.)

NAME

FAMILY MEMBERS

NAME

AGE

ADDRESS AND PHONE (INCLUDING AREA CODE)

DATE OF ARRIVAL AT SHELTER

NAME OF EMERGENCY CONTACT (NOT IN SHELTER)

PHONE (INCLUDING AREA CODE)

ADDRESS

PETS

NAME

AGE

M/F

ALTERED

BREED

COLOR / MARKINGS

Are any animals on medications or dietary supplements? *If so, please explain and give the time normally administered, pet's name, and any details.*

Can medications/supplements be given in the regular food ration? Yes No

Are there medical problems or behavioral characteristics of which we should be advised?
If so, please give pet's name and any details.

TIMES OF DAY YOUR PET IS NORMALLY WALKED FOR RELIEF PURPOSES

The above information is to be provided to the animal handler for scheduling medication administration and relief times.

SHELTER LOCATION

ADDRESS

PHONE (INCLUDING AREA CODE)

POST-DISASTER ADDRESS

PHONE (INCLUDING AREA CODE)

DATE LEFT SHELTER

TIME (AM OR PM)

(continued on back)

REGISTRATION AND AGREEMENT *Continued*

I, _____ (the owner of the pet(s) listed on the reverse side), understand that an emergency exists and that special arrangements have been made to allow my family and pets to remain together in this shelter facility. I understand and agree to abide by the pet care rules contained in this agreement and have explained them to any other family member accompanying me and my pet(s).

RULES

1. My pet will remain contained in its approved carrier except at scheduled times. During scheduled relief time, my pet will be properly confined with leash, harness, and muzzle (if necessary). Scheduled times will be strictly adhered to.
2. I agree to properly feed, water, and care for my pet as instructed by the animal handler. Administration of all medication should be properly documented.
3. I agree to properly sanitize the areas used by my pet, including performing proper waste disposal and disinfecting as instructed by the animal handler.
4. I certify that my pet is current on rabies and all other vaccinations recommended and agree to assume the cost of these vaccinations if given at the shelter because records are not sufficient to show my animal is fully protected.
5. I will not permit other shelter occupants to handle or approach my pet either while it is in its carrier or during exercise times. I will make sure the carrier door is latched and secured with a wire or rope tie.
6. I will maintain proper identification on my pet and its carrier at all times.
7. I will permit my pet to be examined by qualified animal shelter personnel to determine if medical or stress conditions requiring attention are present. I further agree to the administration of medication to alleviate any symptoms.
8. I acknowledge that my failure to follow these rules may result in the removal of my pet to another location. I further understand that if my pet becomes unruly or aggressive, shows signs of contagious disease, is infested by parasites (fleas, ticks, lice, etc.), or begins showing signs of stress-related conditions, it may be removed to a more appropriate location. I understand that any decision concerning the care and welfare of my pet and the shelter population as a whole are within the sole discretion of the animal handler, whose decisions are final.

I certify that my pet has no previous history of aggressive behavior and has not been diagnosed with any contagious diseases for which it has not received successful treatment.

I hereby agree to hold harmless all persons, organizations, corporations, or government agencies involved in the care and sheltering of my animal. I further agree to indemnify any persons or entities which may have suffered any loss or damage as a result of the care and sheltering of my animal.

I acknowledge that the following items were loaned to me to provide proper care and confinement of my pet during the emergency:

SIGNED _____ PRINTED NAME _____ DATE _____

ADDRESS _____ PHONE (INCLUDING AREA CODE) _____

ANIMAL RESCUE REQUEST FORM

Log # _____

This form is to be distributed to law enforcement and military personnel, utility crews, and other workers in the disaster area, as well as to pet owners evacuated from the area. It should also be used to record information from owners calling in a rescue request. Please file a separate request for each animal. This form should be completed for all animals sighted, even if they are deceased.

LOCATION OF ANIMAL OR SIGHTING _____

DATE _____

TIME (AM OR PM) _____

ANIMAL DESCRIPTION

Dog Cat Other _____ Male Female Altered

BREED _____

COLOR _____

AGE _____

DISTINCTIVE MARKINGS AND VISIBLE IDENTIFICATION (NOTE INJURIES OR SPECIAL CONDITIONS)

Collar License, Rabies, or ID Tag Tattoo, Location _____ Microchip

NAME OF REQUESTING PARTY _____

AGENCY OR OWNER _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

DESCRIPTION OF ANIMAL'S LOCATION _____

WORK PHONE (INCLUDING AREA CODE) _____

HOME PHONE _____

OTHER _____

TEMPORARY ADDRESS _____

CITY _____

STATE _____

ZIP _____

If owner, is key available? Yes No Location of Key _____

If no, is keyless entry authorized? Yes No

SIGNATURE OF OWNER OR PERSON COMPLETING FORM _____

DATE _____

TIME (AM OR PM) _____

**** FOR RESCUE TEAM ONLY ****

REQUEST RECEIVED BY (NAME) _____

DATE _____

TIME (AM OR PM) _____

ACTION TAKEN _____

EMERGENCY MEDICAL TREATMENT PROVIDED _____

TREATED BY (RESCUE TEAM VETERINARIAN, NAME) _____

PHONE (INCLUDING AREA CODE) _____

ANIMAL TAKEN TO _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

REPORT COMPLETED BY (PLEASE PRINT) _____

This report must accompany the animal. The animal/carrier should be identified with the location of rescue and log number.

NOTICE OF FOUND ANIMAL

DESCRIPTION OF ANIMAL

HAS BEEN RESCUED FROM THIS LOCATION

ADDRESS/LOCATION WHERE ANIMAL WAS FOUND

IF YOU HAVE INFORMATION REGARDING THE OWNERS OF THIS ANIMAL, PLEASE CONTACT:

NAME OF SHELTERING AGENCY

PHONE (INCLUDING AREA CODE)

OR COME TO

LOCATION WHERE ANIMAL IS BEING HELD

ANIMAL FACILITY SURVEY

For Emergency Response

NAME OF FACILITY

DATE

ADDRESS

CLOSEST CROSS STREET

Are animals housed in the facility?

Yes

No

Days

Nights

TIMES

KINDS OF ANIMALS HOUSED

DESCRIBE WHERE IN THE BUILDING THE ANIMALS ARE LOCATED

WHICH ENTRANCE IS CLOSEST TO THIS AREA?

Does the facility use oxygen, disinfectants, or other chemicals?

Yes

No

LIST TYPES

DESCRIBE WHERE THESE ARE STORED IN RELATION TO WHERE THE ANIMALS ARE

HOW ARE THE ANIMALS CONFINED WITHIN THE FACILITY?

ARE LEASHES AND/OR CARRIERS READILY AVAILABLE? WHERE?

FACILITY CHARACTERISTICS

Single, free-standing building?

Yes

No

Age of Building _____

TYPE OF CONSTRUCTION

Is a residence attached?

Yes

No

Strip-shopping center?

Yes

No

Age of Building _____

TYPE OF CONSTRUCTION

List names and types of businesses in the store fronts on either side of your facility

Left 1 _____

2 _____

Right 1 _____

2 _____

Mall shopping center?

Yes

No

Closest Mall Access Door _____

EMERGENCY CONTACTS

NAME

PHONE NUMBERS (INCLUDING AREA CODE)

NAME

PHONE NUMBERS (INCLUDING AREA CODE)

NAME

PHONE NUMBERS (INCLUDING AREA CODE)

OTHER INFORMATION

On the reverse side of this form, please sketch the interior of your facility, showing the locations of the animals, the locations of any chemicals, and the closest access door to the animals.

Promoting
the protection
of all animals

**THE HUMANE SOCIETY
OF THE UNITED STATES**

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