

Evacuation Plan Information*

Date of Submission	put in the month day year	
Name of facility	what is the facility called	
Mailing address	what is the mailing address, city, zip	
Physical address	what is the physical address, city, zip	
Owner's name	owners name	
Owner's mailing address	full owner's address	
Manager's name	full owner's name	
Facility phone	area code plus number	
Facility fax	area code plus number	
Facility emergency numbers	area code plus number & Who is the number	
Type of facility	<input type="checkbox"/> Animal shelter <input type="checkbox"/> Humane society <input type="checkbox"/> Veterinary office <input type="checkbox"/> Boarding kennel <input type="checkbox"/> Breeder <input type="checkbox"/> Grooming facility <input type="checkbox"/> Human hospital <input type="checkbox"/> Nursing hospital <input type="checkbox"/> Assisted living <input type="checkbox"/> School <input type="checkbox"/> Animal testing facility <input type="checkbox"/> Other Identify:	
Types of animals at facility: (Select all that apply)	Type of Animals	Approximate number at any given time:
	<input type="checkbox"/> dog	
	<input type="checkbox"/> cat	
	<input type="checkbox"/> horse	
	<input type="checkbox"/> birds	
	<input type="checkbox"/> hoof stock	
	<input type="checkbox"/> exotic animals (list below with number in next column)	
	<input type="checkbox"/> research animals (list below with number in next column)	
<input type="checkbox"/> Other (list below with number in next column)		
General plan for emergency: (attach additional sheets as needed)	you may have no plans, some plans, need plans (call or look up and modify plans)	
How are animals identified:	are you microchipping animals, neck bands, etc	
How are animals handled:	are you kenneling, moving to different location, transportation issues, etc?	
Parish Pick Up Point	your parish OEP will or will not have a parish pick up point	
How are animals transported out of emergency situation:	are you self evacuating or pre arranging trucks, etc	
Destination of evacuated animals?	where are you transporting them to? you may need to contact SART	
Once transported, how are they sheltered:	do you have arrangements at another facility and who is going to take care of them	
Person completing this report:	person completing the form	
Date of this completed report:	date completing the form	

*This evacuation plan must be submitted **annually by May 1st of each year** to the Louisiana Department of Agriculture & Forestry, Office of Animal Health Services in accordance to Act 615 (SB607) 2006 Louisiana Legislature Regular Session.
 Please mail to: LDAF, Animal Health Services
 PO Box 1951
 Baton Rouge, LA 70821-1951
 Fax to: 225-237-4888
 Email: animalplan@ldaf.louisiana.gov

Questions: Contact your parish office of emergency preparedness.