

LSART Animal Emergency Planning Parish Questionnaire



~Please update this questionnaire annually and submit a copy to
LSART and LA Dept. of Agriculture & Forestry~

A. PARISH INFORMATION

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|---|----------------|
| Parish : | Region: |
| 1. OEP Contact Information | |
| Contact Name: | |
| Title/Position: | |
| Mailing Address: | |
| City, State, ZIP: | |
| Work Phone: | |
| Emergency Phone: | |
| E-mail Address: | |
| 2. Alternate Contact for OEP | |
| Contact Name: | |
| Title/Position: | |
| Mailing Address: | |
| City, State, ZIP: | |
| Work Phone: | |
| Emergency Phone: | |
| E-mail Address: | |
| 3. What are the most likely emergencies to affect this parish? | |
| a. | |
| b. | |
| c. | |
| d. | |

B. ANIMAL EMERGENCY COORDINATORS (AEC)

| 1. Designated Authority for Small Animal Issues in the Parish (SAEC) |
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| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| Is this the person we should communicate with in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If not, who is the designated small animal contact during an emergency? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| 3. Is there an alternate contact for small animal emergencies? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |

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| 4. Designated Authority for Equine Issues in the Parish (EAEC) |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| Is this the person we should communicate with in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If not, who is the designated equine contact during an emergency? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| 6. Is there an alternate contact for large animal emergencies? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |

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| 7. Designated Authority for Livestock Issues in the Parish (LAEC) |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| Is this the person we should communicate with in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. If not, who is the designated livestock contact during an emergency? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |
| 9. Is there an alternate contact for livestock emergencies? |
| Contact Name: |
| Title/Position: |
| Mailing Address: |
| City, State, ZIP: |
| Work Phone: |
| Emergency Phone: |
| E-mail Address: |

C. EMERGENCY PLAN COMPONENTS

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| 1. Sheltering | |
| Do you have a location for a co-located human /pet shelter in the parish? <input type="checkbox"/> Yes <input type="checkbox"/> No (examples include an agricultural facility next to a coliseum, or a school where the people are housed in the classrooms and animals in the hall or locker room) | |
| Location: | GPS coordinates: |
| Physical address: | |
| Facility Manager: | Facility Phone: |
| Emergency Phone: | E-mail Address: |
| Would you like to have a small shelter training course in your parish? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have a location for a large animal shelter within the parish? <input type="checkbox"/> Yes <input type="checkbox"/> No (examples include stockyards and agricultural facilities) | |
| Location: | GPS coordinates: |
| Physical address: | |
| Facility Manager: | Facility Phone: |
| Emergency Phone: | E-mail Address: |
| 2. Evacuation | |
| If this is a coastal parish or near-coastal parish, at what category storm will the parish likely call for a mandatory evacuation? | |
| Do you have a designated Parish Pick-up Point? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: | GPS coordinates: |
| Physical address: | |
| Facility Manager: | Facility Phone: |
| Emergency Phone: | E-mail Address: |
| Should this parish call a mandatory evacuation for any reason will you need assistance in transporting and sheltering pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. All-Disaster Assistance | |
| What types of assistance with animal issues do you foresee this parish will need? | |
| a. | |
| b. | |
| c. | |
| Does this parish have a written agreement (MOU, MOA) with a volunteer animal organization for assistance with: evacuation <input type="checkbox"/> sheltering <input type="checkbox"/> search & rescue <input type="checkbox"/> | |
| Name of Organization: | |
| Contact Name: | Contact Phone: |