

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

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)
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:

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:

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

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: