

## **ANIMAL FACILITY EVACUATION PLAN INFORMATION\***

					Date of Submission:	
Name of Facility:						
Mailing Address:		City:		State:	Zip:	
Physical Address:			City:		State:	Zip:
Owner's Name:						
Mailing Address:			City:		State:	Zip:
Manager's Name:						
Facility Phone:			Facility Fax:			
Type of Facility:	<ul> <li>Animal Shelter</li> <li>Humane Society</li> <li>Veterinary Office</li> <li>Boarding Kennel</li> <li>Breeder</li> <li>Grooming Facility</li> <li>Human Hospital</li> <li>School</li> <li>Animal Testing Fac</li> <li>Other Identify:</li> </ul>		sing Hospital	Assisted Livin	g	
				Approxin	nate Numbe	r at any given Time
	Cat					
Turner of Animela of Facility	Birds					
Types of Animals at Facility: (Select all that apply)	Hoof Stock					
	Exotic Animals (list below with number in next column)					
	Research Animals (list below with number in next column)					
	Other (list below with number in next column)					
General Plan for Emergency: (attach additional sheets as needed)						
How are Animals Identified:						
How are Animals Handled:						
Parish Pick Up Point:						
How are Animals Transported out of Emergency Situation:						
Destination of Evacuated Animals:						
Once Transported, How are they Shelt						
Person Completing this Form:						
Date of this Completed Form:						

\*This evacuation plan must be submitted **annually by March 1<sup>st</sup> of each year** to the Louisiana Department of Agriculture & Forestry, in accordance to Act 615 (SB607) 2006 Louisiana Legislature Regular Session.

Please mail to:	Louisiana Department of Agriculture & Forestry Animal Health & Food Safety 5825 Florida Blvd., Suite 4000 Baton Rouge, LA 70806
E-Mail to:	animalplan@ldaf.state.la.us
Questions:	Contact your parish Office of Emergency Preparedness