

# Animal Disaster Response Volunteer Contract

## **ID Card**

When you have completed necessary paperwork, completed required training and passed the examination, you will receive a photo identification card. This identification card must be on your person at all times while you are volunteering during a disaster or drill. If you do not have your ID card with you, do not expect anyone, from your agency or any other agency, to accept you as a bona fide member of the disaster team. Volunteers who have not completed training and received an ID card are not eligible to participate in a disaster response.

## **Insurance**

You are expected carry your own medical insurance and vehicle insurance for personally owned equipment used during a disaster.

## **Attire**

If your attire is inappropriate for a task, you will be reassigned to a safer position. This is for your co-workers' safety as well as your own. Please do not wear open-toed shoes or orange outer garments.

## **Health**

If you are not in robust health, do not attempt front-line duty. There are many positions where only a healthy mind is required. Specifics of your health status do not necessarily need to be disclosed, but it is your own responsibility to be sure that your work assignment is appropriate to your own health status. As an incident wears on, medical problems that are not usually limiting become significant; if you begin to have difficulty, please notify the incident commander, first-aid doctor or your immediate supervisor promptly so that you can be reassigned or excused.

Please remember that blood on the surface of an animal may not necessarily have originated from that animal; i.e. it may be human blood inadvertently spilled on the animal's coat during a disaster or an attempted rescue. Because of certain blood-borne viruses such as hepatitis and AIDS, your potential exposure to human blood—especially if you have any open sores that contact the blood—is generally a much greater risk than exposure to animal blood. Please use rubber gloves, CPR masks and take other appropriate measures to protect yourself from exposure to human blood. Please keep your tetanus vaccines up to date—carry a doctor's certification of your most recent inoculation. Rabies is a very serious risk in a disaster situation, especially in endemic areas. Please do not handle wildlife. Take proper precautions to avoid animal bites, and if bitten, please report immediately to the incident commander or human medical officer. If the biting animal is not available for either quarantine observation or direct brain examination, you are advised to go through the rabies vaccination and immunoglobulin series (at your own expense).

## **Behavior**

Exemplary behavior from all volunteers is expected at all times. The command structure is to be respected and neither usurped nor ignored at any time. The incident commander currently on duty is the ultimate decision-maker for all situations within the animal response program *on-site*. (The incident commander reports to the Emergency Operations Center at the OES, law enforcement officials, and elected officials). If a duty schedule is in force, you may be sent home if you are working outside your assigned

time slot or work position. Fatigue clouds judgment, shortens tempers and affects your quality of work on subsequent shifts. Any confrontational behavior, evidence of illegal drug use, alcohol consumption, inappropriate smoking, willful failure to follow instructions, interference with the work of others or evidence of theft may incur reassignment, surrender of badge or relief of duty for a period of time. Any other obviously inappropriate behavior will be handled similarly.

### **Food & Shelter**

You are expected to bring whatever clothing, food, drinking water, medication, bedding, and personal care supplies that you will need during the first 48 hours of the disaster incident. If appropriate and feasible, bring your own shelter from rain or sun. You may not be able to return home or leave the facility to purchase necessary items.

### **Your Own Animals**

If your own animal(s), home or business is at risk from a progressing disaster, please take care of your own animals and structures before reporting to help others. This includes evacuation of your own animals. If you have already committed to an immediate response, please try to let the scheduler know that you will be late or absent, especially if you are to fill a leadership position.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE RULES STATED. I AGREE TO ALL POINTS OF THIS CONTRACT. I HAVE BEEN ISSUED AN IDENTIFICATION CARD; I UNDERSTAND THAT IF I BREAK THE RULES OF THIS CONTRACT, I MAY HAVE TO SURRENDER MY ID CARD AND FORFEIT MY MEMBERSHIP STATUS PERMANENTLY.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Volunteer Request Survey

This survey is part of an effort to build a veterinary disaster response team. Please complete and return it at your earliest convenience to the address listed below. If you are not interested in disaster response, your completion of the first two lines would still be greatly appreciated. Thank you.

Name: \_\_\_\_\_  
Home address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Area or cross streets: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Fax: \_\_\_\_\_  
May we call you at work? Yes / No Work phone: \_\_\_\_\_  
Employer or Clinic name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_  
Work days and hours: \_\_\_\_\_ Occupation/title: \_\_\_\_\_

### If you are a veterinarian, please complete this section.

Species you are willing to treat: \_\_\_\_\_  
Available facilities: \_\_\_\_\_ Isolation area available: Yes / No  
Would you work outside normal business hours? Yes / No  
Would you treat animals in another location or triage center within the county? Yes / No  
Medical/surgical procedures you do not do: \_\_\_\_\_  
Procedures you are especially good at: \_\_\_\_\_

It is likely that there will be little financial compensation for medical and surgical procedures on unclaimed animals. Would you still be willing to provide medical services? Yes No

### If you wish to participate in field response, please complete this section.

Date of birth: \_\_\_\_\_ Driver's license no.: \_\_\_\_\_ Exp.: \_\_\_\_\_  
Sex: M / F Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eyes \_\_\_\_\_  
Vehicle license plate #: \_\_\_\_\_ Vehicle description: \_\_\_\_\_  
Trailer license plate #: \_\_\_\_\_ Trailer description: \_\_\_\_\_  
Specialized training/certification/qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance carrier and ID no.: \_\_\_\_\_  
Medical conditions or limitations: \_\_\_\_\_  
Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this survey, a map showing your clinic, and 30 business cards to:

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### Office Use Only

Assigned ID no.: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## Veterinary Personnel Resources

Veterinarians and registered veterinary technicians who have volunteered to provide expertise and equipment during a disaster may be listed along with their experience, special training, and the name of their practice or institutional affiliation. Remember to make photocopies before filling out the forms so that you can accommodate all received information.

Name \_\_\_\_\_ ID no: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Pager \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Disaster training/certifications \_\_\_\_\_

\_\_\_\_\_

Disaster experience \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ ID no: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Pager \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Disaster training/certifications \_\_\_\_\_

\_\_\_\_\_

Disaster experience \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ ID no: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Pager \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Disaster training/certifications \_\_\_\_\_

\_\_\_\_\_

Disaster experience \_\_\_\_\_

\_\_\_\_\_











## Animal Intake Form

Date \_\_\_\_\_ Animal ID no. \_\_\_\_\_ Animal name \_\_\_\_\_  
Owner \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Temporary address \_\_\_\_\_  
Emergency contact (location/phone) \_\_\_\_\_

Veterinarian or Veterinary Hospital \_\_\_\_\_ Phone \_\_\_\_\_

**If this animal is being submitted by a Good Samaritan:**

Where was it found? \_\_\_\_\_

Do you wish to adopt the animal if owner is not found? \_\_\_\_\_

**Animal Identification** (see Animal Identification Chart)

Species \_\_\_\_\_ Other ID no. and type \_\_\_\_\_

Breed \_\_\_\_\_ Size \_\_\_\_\_

Coat color \_\_\_\_\_ Coat length \_\_\_\_\_

Age \_\_\_\_\_ Sex:        M        F        M/Neutered        F/Spayed

**Vaccination dates:**

Canine: Rabies \_\_\_\_\_ Distemper/Hepatitis \_\_\_\_\_ Parvo \_\_\_\_\_ Bordatella \_\_\_\_\_

Feline: Rabies \_\_\_\_\_ Respiratory diseases \_\_\_\_\_

Other species: \_\_\_\_\_

Any medical problems? Yes (Please explain) / No \_\_\_\_\_

Current medications \_\_\_\_\_ Provided by owner? Yes / No

Special dietary needs \_\_\_\_\_ Provided by owner? Yes / No

Is animal aggressive toward:        Men        Women        Children        Other animals

**Has this animal bitten anyone within the last 10 days?** \_\_\_\_\_

**Due to the declared emergency, I am requesting authorized agents to board my animal listed above and agree to all of the following:**

- 1) I understand that my animal may be exposed to diseases and other risks while being housed at the shelter or other facilities and therefore I will not hold them responsible for the health or death of my animal.
- 2) I agree to attempt to find alternate housing for my animal as soon as possible. 3) I agree to contact the agency on a daily basis to keep the county updated on my whereabouts and possible alternate housing.
- 4) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet within five working days of the close of the Field Disaster Shelter. 5) I understand that I will be subject to boarding fees starting the sixth day after the close of the Field Disaster Shelter.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer/Witness \_\_\_\_\_ Date \_\_\_\_\_

Transport:        Time called: \_\_\_\_\_ Time Pkup: \_\_\_\_\_ Pkup by: \_\_\_\_\_

## Lost Pet / Found Pet

Today's Date \_\_\_\_\_ Date Lost or Found: \_\_\_\_\_

Is this for a found or lost pet? (circle one) Found / Lost

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Temporary address \_\_\_\_\_

Emergency contact (location/phone) \_\_\_\_\_

Veterinarian or Veterinary Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Location of animal loss or find: \_\_\_\_\_

Cross street and neighborhood: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Photo available? Yes / No

Other missing animals on file? Yes / No

### Pet information

Species \_\_\_\_\_ Other ID no. and type \_\_\_\_\_

Breed \_\_\_\_\_ Size \_\_\_\_\_

Coat color \_\_\_\_\_ Coat length \_\_\_\_\_

Age \_\_\_\_\_ Sex: M F M/Neutered F/Spayed

Detailed description \_\_\_\_\_

Date of last rabies vaccination: \_\_\_\_\_

Any medical problems? Yes (Please explain) / No \_\_\_\_\_

Current medications: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Is animal aggressive toward: Men Women Children Other animals

**Has this animal bitten anyone within the last 10 days? Yes / No**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer/Witness \_\_\_\_\_ Date \_\_\_\_\_

## Animal Identification Chart

Species	Cat	Dog	Cattle	Horse	Sheep
Breed	Domestic Shorthair Domestic Longhair Siamese Burmese Manx Other	Labrador German Shepherd Chow chow Poodle Terrier Setter Hound Other	Holstein Hereford Angus Jersey Shorthorn Charolais Brahma Other	Arabian Quarter Horse Thoroughbred Pinto/Paint Appaloosa Pony Palomino Donkey Other	Black-faced White-faced
Size	small large	small medium large giant	n/a	small large	large large
Coat Color	solid black solid white solid gray black & white gray & white gray tabby orange tabby calico	solid black solid white solid gray black& white brown & white tricolor light brown dark brown brown & black	solid black solid white red roan black & white blue roan	solid black gray black & white brown bay chestnut palamino	white wool black wool
Coat length	short long	short long	n/a	n/a	n/a
Age	kitten adult unsure	puppy adult unsure	calf adult unsure	foal adult unsure	lamb  unsure
Sex	male female castrated/spayed	male female castrated/spayed	male female	male female	male female
ID	county license # rabies tag # ID chip tattoo	county license # rabies tag # ID chip tattoo	brand tattoo	brand lip tattoo	iron brand paint brand tattoo

## Animal Rescue Request Form

Date sighted \_\_\_\_\_ Time \_\_\_\_\_

Name of requesting party \_\_\_\_\_

Agency or owner (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_(work) \_\_\_\_\_(home)

Temporary address \_\_\_\_\_

Is there a key available? \_\_\_\_\_ Location \_\_\_\_\_ If no, is keyless entry authorized? \_\_\_\_\_

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

Location of animal or sighting (Address, cross streets, landmarks) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Animal:**

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Castrated? \_\_\_\_\_

Distinctive markings \_\_\_\_\_

Did the animal appear to be injured or in immediate danger? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Rescue Use only

Request received: Date \_\_\_\_\_ Time \_\_\_\_\_

Action taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency medical treatment provided to animal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment given by \_\_\_\_\_ Phone \_\_\_\_\_

(circle one) Rescue team member Veterinarian Other \_\_\_\_\_

Animal taken to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of person completing this report \_\_\_\_\_

White copy: Field shelter

Yellow copy: Disaster team

Log #: \_\_\_\_\_

## Animal Release Form

Date \_\_\_\_\_ Animal ID No. \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Other property \_\_\_\_\_

Housed at \_\_\_\_\_

I hereby acknowledge that I am the owner/responsible person for the above animal, have taken custody of my animal on \_\_\_\_\_ and that I am now responsible for its transport and care. I also acknowledge that I have received my animal in satisfactory condition. I release this facility, all of its volunteers, and any sponsoring agencies associated with this facility's animal care from any further responsibility.

I have also been advised that the premises to which I am returning the animal should be thoroughly checked for damage (fences down, holes, hot spots, chemicals and any other animal-endangering conditions) before returning the animal to its premises, and before the animal is released from this facility.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Identification \_\_\_\_\_

Released by \_\_\_\_\_



## Important supplies to keep on hand

**If disaster is severe, request a generator from EOC– this will be critical!** Remember, this list is for a small to medium sized team. Adjust to fit your team needs. Please forward any recommended additions or deletions for future versions of this guide.

### General

rubbing alcohol: 6 gallons  
bleach: 3 gallons  
tackle box for crash kit with lock  
cage cards  
Polaroid cameras: 2  
clipboards: 15  
dictionary: spanish/english  
euthanasia forms  
flashlights with fresh batteries: 6  
hydrogen peroxide: 2 gallons  
lime: 30lb. in 10lb. bags  
light bulbs  
paper clips  
paper towels  
step on scale  
scissors: 12  
sharps containers: 2  
scrub brushes for cages: 5  
staplers: 5  
tape: masking 1", 2", and duct: 5 rolls each  
towels: at least 40-50  
varikennels: 30 small, 20 medium, 20 large  
shoeboxes (plastic) for birds, mice, reptiles: 3  
back support belts: 4 small 6 medium 6 large  
betadine solution and scrub: 3 gallons each  
bucket: 2  
calculators: 4  
manual can opener: 3  
control drug logs  
digital camera  
film: Polaroid 600 instant film, high definition  
generator  
labels for prescriptions  
light fixture that clamps on with light bulbs: 3  
newspapers  
paper plates: large, small  
pens and highlighters  
gram scale  
Sharpies, wide and thin point: 24  
s-hooks to hold fluids  
spray bottles: 3  
strong box for controlled drugs and lock  
tarp with poles and sides  
30 gallon trash bags  
wire ties

### Small Animal

#### Medications

Advantage: dog and cat in all sizes  
Amoxicillin: 100 mg 500 tabs  
Amoxicillin suspension: 13  
Baytril 22.7mg 100 tabs  
Baytril injectable: 12 bottles  
Betadine solution: 1 gallon  
50% Dextrose: 1 bottle  
Dopram: 1 bottle  
Epinephrine 1:1000: 1 bottle  
Ketamine: 1 bottle  
Ophane  
PBN ophthalmic ointment: 6  
Rompun: 1 bottle  
Yohimbine: 1 bottle  
Fluids:  
LRS 1L bags: 15 cases, NaCl: 2 cases, LRS 250 ml bags: 8 bags  
Acepromazine inj.: 1 bottle  
Amoxicillin 400 mg 250 tabs  
Baytril: 5.7mg 100 tabs  
Baytril 68 mg 100 tabs  
Betadine scrub: 1 gallon  
Chloroelase  
Dexamethasone Phosphate: 5 bottles  
Euthanasia solution: 1 bottle  
Fluorescein stain  
KY lubricant: 6 tubes  
Polyflex injectable: 2 bottles  
Torbugesic, 5 mg and 10 mg inj.: 5 bottles each  
Silvadene creme

## Medical supplies

AD food: 2 cases  
alligator forceps: 2  
cast material: 4 rolls  
battery operated clippers: 2  
# 40 blades: 3  
e-collars: 10 each #30, 25, 20, 15, 12.5, 10, 7.5  
cotton rolls: 30  
Elasticon  
gauze rolls: 10 dozen  
exam gloves, 1 box each medium and large  
hemostats: 6  
IV catheters: 12 each 20 g and 22 g  
leashes: 100  
needles: 25 g (400), 22 g(500), 20 g(600)  
pill vials  
Qtips: 100  
Rx labels  
padded splints: 12 each size  
scrub brushes for hands: 3  
surgical masks with and without eye shields  
thermometers: 6  
hand towels: 6  
wire cutters: 3  
adhesive tape 1 and 2 inch: 50 rolls each  
bottles, squeeze: 1/4 oz, 1 oz  
catbags and nets: 3 each  
batteries for clippers  
cold sterile solution  
collars, ID  
disinfectant for kennels: 4 gallons  
feeding tubes, red: 2 each size  
gauze, 3 X 3: 4 dozen  
surgery gloves, size 7 and 8: 1 box each  
IV sets: 21  
butterfly catheters: 3 dozen  
muzzles, cat and dog-all sizes 3 sets  
pen lights: 12  
pooper scoopers  
rabies poles: 5  
silver nitrate  
bandage scissors: 4  
stethoscopes: veterinarians bring their own  
syringes: 1 cc, 3 cc, 6 cc, 12 cc, 35 cc, 60 cc  
tourniquets: 3  
Vetwrap, 2" and 4": 3 boxes each

## Large Animal

**Remember not to use any medication on livestock unless you know its withdrawal periods and any restrictions placed on its use by regulatory agencies!**

### Equine Medications

Acepromazine inj.: 2 bottles  
Banamine inj. and granules  
Butorphenol 10 mg/ml inj.: 2 bottles  
Dipyron inj.  
Epinephrine 1:1000: 1 bottle  
Fluids: LRS 56 liter bags (20 liters per horse)  
Furacin cream  
Guaifenesin inj.: 2 bottles  
Ketofen inj.: 2 bottles  
Panalog ointment  
Phenylbutazone injectable and paste  
Predef 2X inj.: 2 bottles  
Toxiban granules: 2 pails  
Atropine ophthalmic  
Betadine ointment  
Dexamethasone 4 mg/ml inj.: 2 bottles  
Detomidine inj.: 2 bottles  
Euthanasia solution: 1 bottle  
Fluorescein stain  
Gentamicin 100mg/mL inj.: 4 bottles  
Ketamine inj.: 2 bottles  
Lidocaine 100mg/ml: 2 bottles  
PBN ophthalmic  
Procaine Penicillin G: 4 bottles  
TMPS 906 tabs  
Xylazine (Rompun) 100 mg/ml: 2 bottles

## Livestock Medications

Acepromazine injectable  
Banamine inj. and granules  
Butorphenol 10 mg/ml  
Calcium chloride powder, 100gm boluses  
Dexamethasone 4 mg/ml inj.: 2 bottles  
Dipyron inj.  
Euthanasia solution: 1 bottle  
Fluids: LRS 56 liter bags (20-40L per cow)  
Guaifenesin inj.: 2 bottles  
Ketofen inj.: 2 bottles  
Lidocaine 200mg/ml: 2 bottles  
Panalog ointment  
Poloxalene (Therabloat): 6  
Predef 2X inj.: 2 bottles  
Xylazine (Rompun) 100 mg/ml: 2 bottles

Atropine ophthalmic  
Betadine ointment  
Calcium gluconate inj.  
Detomidine for analgesia, sedation  
Dextrose 500ml bottles: 12  
Epinephrine 1:1000: 1 bottle  
Florfenicol (Nuflor): 2 bottles  
Fluorescein stain  
Ketamine: 2 bottles  
LA-200 (oxytetracycline)  
Micotil 300mg/mL inj.: 1 bottle  
Phenylbutazone inj. and paste  
Procaine Penicillin G : 6 bottles  
Tetanus toxoid and antitoxin

**Remember not to use any medication on livestock unless you know its withdrawal periods and any restrictions placed on its use by regulatory agencies!**

## Large Animal Medical supplies

balling gun: 2  
cast material  
drains  
Elasticon 3": 5 dozen  
4" x 4" gauze: 12 pkg.  
exam gloves, all sizes: 1 box each  
heavy leather gloves: 1 each size  
hoof knives: 6  
all instruments for 2-3 LA surgery packs,  
more if disaster is severe  
cattle marker crayons: 12  
needleholders, 3 sizes  
IV lines and extensions: 24  
nose leads: 6  
splints (PVC)  
suture materials: 3, 2, 1, 0, 00 Vicryl; 3, 2, 1, 0 Vetafil  
syringes: 3 cc, 12 cc, 35 cc, and 60 cc  
twiches, nose and ear: 6 each  
Vetwrap 4": 5 dozen

blankets or coolers  
sheet cotton  
earplugs, Caskel cushions: 3 sizes  
6" brown gauze: 4 dozen  
4" Kling gauze: 4 dozen  
surgery gloves, size 7 and 8: 1 box each  
cotton or leather halters: all sizes, horse and cow  
hydrogen peroxide: 2 gallons

mineral oil: 1 gallon  
IV catheters 14 g 5 1/4"  
needles 18 g 20 g 25 g  
stretch knit cotton bandages for leg wraps  
suture needles  
trocars: 12  
ultrasound equipment  
xray equip: cassettes, aprons, gloves

Ropes:  
cotton lead ropes, 15' with bull snap: 8  
manilla ropes 50' by 3/4": 2

foot ropes, 15' : 4  
cotton ropes 100' each: 4







## Site Survey

**The site survey should be completed before the triage animal shelter is set up.** It should be performed by the incident commander or designated member of the Site Committee. Please note any pre-existing damage of the site under the following categories. **This form must be signed by the responsible agent of the site.**

Date: \_\_\_\_\_

### Outside

Fence: \_\_\_\_\_

Landscape/foliage: \_\_\_\_\_

Grounds: \_\_\_\_\_

### Inside

Walls: \_\_\_\_\_

Light fixtures: \_\_\_\_\_

Doors: \_\_\_\_\_

Floors: \_\_\_\_\_

Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

IC or Operations sections chief of VDT

\_\_\_\_\_

Owner or responsible agent of site