



ANIMAL FACILITY EVACUATION PLAN INFORMATION

Name of Facility: _____ Date of Submission: _____
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 Number: _____

TYPE OF FACILITY (Choose all that apply)

Animal Shelter Humane Society Veterinary Office Boarding Kennel
Breeder Grooming Facility Human Hospital Nursing Hospital
Assisted Living School Animal Testing Facility
Other (Identify): _____

TYPES OF ANIMALS AT FACILITY (Select all that apply)

Type of Animal	Present at Facility (Yes or No)	Approximate Number at any given Time
Dog		
Cat		
Horse		
Birds		
Hoof Stock		
Exotic Animals (Specify)		
Research Animals (Specify)		
Other (Specify)		

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 Sheltered: _____

Person Completing this Form: _____ Date: _____

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

Please mail to: Louisiana Department of Agriculture and Forestry, Animal Health and Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806 or

Email to: animalplan@ldaf.state.la.us