



PARISH LIVESTOCK EMERGENCY PLANNING

Name of Person Completing Form:			Date of Submission:		
Name of Farm:			Premises ID Number:		
Mailing Address:	City:	State:	Zip Code:		
Parish:					
Physical Address:	City:	State:	Zip Code:		
Parish:					
Owner's Name					
Owner's Mailing Address:	City:	State:	Zip Code:		
Manager's Name:	Farm Phone Number:				
Email:	Farm Emergency Number:				

TYPE OF AGRIBUSINES (Select all that apply)

Types of Animals	Approximate Number at any given Time
Beef Cattle	
Dairy Cattle	
Horses	
Goats	
Sheep	
Poultry	
Aquaculture	

GENERAL PLAN FOR EMERGENCY: EVACUATE OR SHELTER IN PLACE

(Attach additional sheets as needed)

When will you evacuate? (1=minimal, 5=catastrophic)							
Category	1	2	3	4	5		
What resources will you need? (check all that apply)							
Hay	Feed	Water	Trucks	Trailers	Corrals	Chutes	
Tractor	Forklift	Manpower	Generator				
Evacuation Location Assistance							
Will you participate on an emergency response team?				Yes	No		
If so, will you participate:		Locally	State-Wide				
Do you have equipment that could be used in the response? (check all that apply)							
Trucks	Trailers	Corrals	Chutes	Tractor	Forklift	Airboat	
Other:							
Will there be a fee charged for your assistance and/or equipment?					Yes	No	



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Animal identification: (Draw or attach Brand or Ear Mark)

Evacuation destination:

Method of transportation to evacuation destination:

Please submit completed form to Parish Cooperative Extension Office which can be found at:

http://www.lsuagcenter.com/en/our_offices/parishes/