



NVADG - Staffing Form

Date _____ **Operational Period** _____

Animal Group Supervisor _____

Animal Group Supervisor Deputy _____

EOC Liaison _____ Butte County Animal Control _____

Veterinarian _____ RVT _____

Animal Shelter Manager _____

Intake Leader _____

Intake Table _____ Intake Table _____

Dogs: (Morning) Dog Shelter Leader _____

Time	In / Out	Name	Name

Cats: (Morning) Cat Shelter Leader _____

Time	In / Out	Name	Name

Dogs: (Afternoon) Dog Shelter Leader _____

Time	In / Out	Name	Name

Cats: (Afternoon) Cat Shelter Leader _____

Time	In / Out	Name	Name

Other Species:

Time	In / Out	Name	Name



NVADG - Staffing Form cont.

Date: _____ **Operational Period:** _____

Butte County ACO _____

Animal Group Sup _____

Hotline _____

Hotline _____

Front Gate _____

Floater/Admin _____

Evacuation Group Sup _____

Evacuation Dispatch _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____

Evac Personnel _____



NVADG - Staffing Form cont.

Night Shift

Date: _____ **Operational Period:** _____

Butte County ACO: On call _____

Phone: _____

Animal Group Sup _____

Phone: _____

Hotline _____

Front Gate/Security _____

Phone: _____

Animal Shelter Leader _____

Phone: _____

Shelter

Time	In / Out	Name	Name