

Animal Response Post Incident Data Form

California Veterinary Emergency Team



Incident name: _____

Responding entity/organization/CART/etc.: _____

Date range: _____ Total days deployed: _____

Lead agency for animal response? Yes No - If no, who was lead agency? _____

Who did your organization/entity receive the request from? _____

What was the initial request for? _____

Activities Performed				
Activity Type	Performed	Duration (days)	Total # Vol. Deployed	Total Vol. Hours
Small Animal Sheltering	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Large Animal Sheltering	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Evacuation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Shelter in Place	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Search and Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical Animal Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hotline/Dispatch/Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Administrative Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EOC Support: Position _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Small Animal Care Information				
Species	# Evacuated	# Sheltered in Place	# Sheltered	# Vet Requests
Cats				
Dogs				
Rabbits and small mammals				
Avian (household)				
Reptiles and amphibians (household)				
Fish (household)				
Other				
If other, please specify:				
TOTALS				

Large Animal Care Information				
Species	# Evacuated	# Sheltered in Place	# Sheltered	# Vet Requests
Equine (horses, donkeys, etc.)				
Llamas and alpacas				
Goats and sheep				
Pigs				
Cattle				
Emus and ostriches				
Fowl (chickens, ducks, turkeys, etc.)				
Other				
If other, please specify:				
TOTALS				

Animal Discharge Information		
Discharge Status	Small Animal TOTAL #	Large Animal TOTAL #
Discharged to owner/reunited		
Discharged to animal services		
Discharged to rescue/NGO		
Transferred for veterinary care		
Found deceased on arrival		
Field requests that animal was unable to be located		

Equipment Used			
Equipment/Gear	Estimated Cost of Use Per Day (\$)	Total Days Used	Total Cost (\$)

Additional Questions		
Was an MOU/MOA signed prior to responding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Signed post	
Was a DSW signed in your county of origin? Or on site in the OA?	<input type="checkbox"/> Own county <input type="checkbox"/> On site	
Was veterinary support requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If veterinary support was requested, who responded to the need?</i>		
Did your organization have enough volunteers/staff for the requested task?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were requests submitted for additional personnel for the requested task?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, what types of additional personnel were needed?</i>		
Were requests submitted for additional equipment for the requested task?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, what types of additional equipment were needed?</i>		
Did your organization coordinate with Animal Services/Control?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Were communications with the OA/first responders adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the response highlight a need for training with the OA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the OA/county's animal cache utilized for the response?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there any transportation issues regarding the movement of animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Were there any transportation issues for the movement of volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Contact information for any additional clarification or questions:		
Name:	Phone:	Email:

Challenges/Primary Unmet Needs/Additional Notes
<i>Please elaborate on any yes answers above.</i>