

CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN INSTRUCTIONS

This two part form is to be completed and submitted or retained on file as indicated:

- **Part-A: To be completed and submitted with the initial or renewal application requesting authorization for the possession of captive wildlife.**
- **Part-B: To be completed and retained at the licensed premises where wildlife is housed or maintained. Part-B of the Captive Wildlife Critical Incident/Disaster Plan shall be made available upon request to Commission personnel. All employees and/or volunteers should be informed of the facilities critical incident/disaster plan.**

PART-A: Submitted with application for initial or renewal license/permit. Please print form with responses.

I. Applicant or Licensee Information:

NAME: Enter full name as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

PHONE NUMBER: Enter emergency contact phone numbers for the applicant or licensee including business, home and/or cellular as applicable.

BUSINESS NAME: Enter Business name, if applicable, as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

MAILING ADDRESS: Enter complete mailing address including City, State and Zip Code as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

II. Facility Information: (Location where wildlife is maintained)

FACILITY ADDRESS: Enter the complete address for the facility location as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

GPS COORDINATES: Enter the GPS coordinates in Degree, Minutes, and Seconds format for the facility's main entrance/exit. **Leave blank if the coordinates are unknown.**

III. Emergency Contact (Individual that does not reside at the facility location)

NAME: Enter the name of an individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

BUSINESS NAME: Enter the business name for the emergency contact if applicable.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for the individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

PHONE: Enter emergency contact phone numbers for another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster. Include business, home and/or cellular numbers as applicable.

IV. Veterinarian Contact Information

NAME: Enter the name of the Veterinarian used to provide veterinary services for wildlife maintained at this facility.

BUSINESS NAME: Enter the Business name or clinic name for your Veterinarian.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility.

PHONE: Enter contact phone numbers for the Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility. Include business and/or cellular numbers as applicable.

PART-B: This Part is to be kept at the facility location and made available for inspection.

I. Emergency Plan

Enter a detailed plan that specifies what to do (who, what, where, when and how) in the event of a disaster and critical incident, to include:

- Levels of Action (Pre-event, Event, and Post-event)
- Action plan for securing wildlife on site.
- Action plan for evacuation including:
 - Stating where all wildlife will be located and providing location and contact information.
 - State how long the wildlife may be maintained at this location.
- Action plan for re-entry to facility.

All employees and/or volunteers at the facility are to be familiarized with the emergency plan.

II. Capture and Transport Equipment Inventory:

CHEMICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for chemical capture (including drugs, delivery systems and supplies) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

PHYSICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for physical capture (including catch poles, nets, tongs, and other capture equipment) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

TRANSPORT CAGES AND VEHICLES: Enter a detailed list of all equipment utilized to temporarily house and/or transport wildlife, and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

III. Facility Information Checklist:

Attach supporting documentation that includes a schematic or graphic depiction of the facility indicating the location of the following, as applicable:

All facility access points (entrance(s) and exit(s)), diagram(s) of areas where wildlife is housed, location where emergency supplies are stored, location of each electrical and gas shut-off switch/valve.

IV. Miscellaneous Emergency Supplies Checklist:

Check applicable boxes or list any other miscellaneous emergency supplies. Document location where supplies are stored or contact information for obtaining supplies.

V. **Current Animal Inventory**

Attach a complete inventory of the wildlife maintained at the facility location. Include the total number of each species and any identifying methods (microchip number(s), tattoo(s), mark(s), scar(s), etc.).

PART-B is to be kept on file at the facility location and made available for inspection upon request of Commission personnel.



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN

PART A: Complete and submit with initial or renewal application for license/permit. Please Print.

I. Applicant or Licensee Information:

Name: _____ Phone:(_____) - _____
Business Name: _____ Phone:(_____) - _____
Mailing Address: _____
City State Zip Code

II. Facility Information: Location where wildlife is maintained

Facility Address: _____
City State Zip Code GPS Coordinates

Flood Zone: [] Yes [] No

III. Emergency Contact: (Person not living at facility location)

Name: _____ Phone:(_____) - _____
Business Name: _____ Phone:(_____) - _____
Mailing Address: _____
City State Zip Code

IV. Veterinarian Contact Information:

Veterinarian:
Name: _____ Phone:(_____) - _____
Business Name: _____ Phone:(_____) - _____
Mailing Address: _____
City State Zip Code

I certify that as part of the critical incident/disaster plan, Part B of this form is maintained on file at the facility location where wildlife is housed or maintained. Furthermore said information will be made available for inspection upon request of commission personnel. Said information indicates a detailed emergency plan, inventory of capture and transport equipment, and a schematic or graphic depiction of the facility.

Name (Print) Date

PART B: To be retained on file at the facility location and made available for inspection

I. Emergency Plan

(Attach additional sheets as necessary)

Specific plan of action to be taken in the event of an emergency (natural disaster, fire, etc.) and critical incident:

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to write the specific plan of action for emergencies and critical incidents.

II. Capture and Transport Equipment Inventory

A. Chemical Capture Equipment

Not Applicable

Emergency Contact Information:

Name: _____

Phone: (____) _____ - _____

Address: _____

Phone: (____) _____ - _____

City

State

Zip Code

B. Physical Capture Equipment

(nets, catch poles, gloves, hooks, tongs, etc.)

Emergency Contact Information:

Name: _____

Phone: (____) _____ - _____

Address: _____

Phone: (____) _____ - _____

City

State

Zip Code

C. Transport Cages and Vehicles

Emergency Contact Information:

Name: _____

Phone: (____) _____ - _____

Address: _____

Phone: (____) _____ - _____

City

State

Zip Code

III. Facility Information Checklist

(Attach photo or drawing depiction of the facility lay out to indicate the following)

- Site plan of facility
 - Location of access points to facility if access is controlled by fences, gates, etc.
 - Location of area(s) where captive wildlife is kept
 - Location of supplies (food, medicines, capture equipment, etc.)
 - Location of each electricity and gas shutoff switch/valve
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IV. Miscellaneous Emergency Supply Checklist

- | | | |
|---------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Food | <input type="checkbox"/> Water | <input type="checkbox"/> Medical Supplies |
| <input type="checkbox"/> Generator(s) | <input type="checkbox"/> Ice | <input type="checkbox"/> Misc. Supplies |

Location of storage and/or contact information for obtaining supplies

V. Current Animal Inventory (Attached)

<p>Northwest Region 3911 Hwy. 2321 Panama City, FL 32409-1658 (850) 265-3676 24-Hour Law Enforcement: (850) 245-7710</p>	<p>North Central Region 3377 E. US Highway 90 Lake City, FL 32055-8795 (386) 758-0525 24-Hour Law Enforcement: 386-758-0529</p>
<p>Northeast Region 1239 S.W. 10th Street Ocala, FL 34474-2797 (352) 732-1225 24-Hour Law Enforcement: 352-732-1228</p>	<p>Southwest Region 3900 Drane Field Road Lakeland, FL 33811-1299 (863) 648-3203 24-Hour Law Enforcement: 863-648-3200</p>
<p>South Region 8535 Northlake Boulevard West Palm Beach, FL 33412 (561) 625-5122 24-Hour Law Enforcement: 561-625-5122</p>	<p>Monroe and Collier County 24-Hour Law Enforcement: 305-289-2320</p>

<p>State Warning Point Emergency: 1-800-320-0519 or 850-413-9911 Non Emergency: 850-413-9900 www.floridadisaster.org</p>	<p>Florida Department of Agriculture and Consumer Services Division of Animal Industry 850-410-0900 www.flkart.org</p>
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