

HILLSBOROUGH COUNTY CONTINGENCY RECOMMENDATIONS FOR BUS TRANSPORTERS WHEN ACCEPTING EVACUEES WITH PETS DURING A DISASTER

The following are general recommendations to guide emergency transporters in transporting citizens' pets during a disaster.

Types of Pets that may be allowed in evacuation shelters

- Dogs
- Cats
- Rabbits
- Birds
- Ferret
- Small mammals (i.e., guinea pigs, hamsters, gerbils, hedgehogs, etc.)

No reptile or insect pets should be allowed as many people have fears or phobias regarding these species.

Supplies pet owners should be encouraged to have with them

- Carriers, cages, cardboard boxes
- Leashes, collars, harnesses
- Muzzles
- Any medications pet may require
- Food and water bowls
- Various foods
- Manual can opener for canned food
- Sheets and blankets
- Flea spray or flea preventatives
- Cat litter and box, towels, grooming supplies, toys
- First aid kit

1. Pets should arrive in an appropriate pet carrier, cage or airline kennel and should stay confined in it throughout their entire time in transit. Dogs that arrive without a carrier should only be transported if the owner can successfully keep it under control at all times and agrees to leash and/or muzzle it as directed.
2. Leashed dogs should be kept in a manner that other passengers are kept away from the pet, to avoid exposing other people to aggression, allergens, etc (i.e., kept next to exterior walls of vehicle).
3. Proof of rabies vaccination for dogs, cats and ferrets should be provided by the owner. Other vaccinations should also be up to date.
4. Small mammals, birds and cats should be transported only in suitable carriers.
5. Owners should be held responsible for cleaning up after their own pets. Ideally, if possible, the transporter should make available to pet owners paper towels, plastic trash bags, newspapers and disinfectant to perform the clean up duties.
6. It is recommended to have qualified staff at the vehicle entrance doors to verify that citizens with pets have the items outlined above and that they agree to be held responsible for the actions of their pets. Additionally, pet owners must agree to muzzle and/or leash any unconfined animal and keep them away from other passengers. Staff should also assess if any pets appear ill, injured, have an infectious disease or are aggressive; owners of such pets should be advised to seek shelter for their pet at a veterinary hospital as such conditions would be beyond the scope of the emergency shelter to manage.
7. An animal bite form is attached. It should be completed if a pet bites or scratches a person or pet.

Animal Services will have an *extremely limited* staff available to help with emergency issues involving pets. Call **(813)272-5900** ask for the **ESF-17 desk at the Emergency Operations Center** for emergency assistance availability information.

Developed in a cooperative effort between Hillsborough County and CHAART www.chaart.org

ANIMAL BITE REPORT

Information provided under F.S.S. 119: Public Records

Hillsborough County (813)744-5660
Department of Animal Services (Mailing Address)
440 Falkenburg Road, Tampa, Florida 33619

DATE OF REPORT: _____

ACTIVITY #: _____

BITE # _____

VICTIM INFORMATION. VICTIM PERSON #: _____

Date of Bite/Exposure: _____ Time of Bite _____

Name of Victim: _____ Date of Birth: _____

Victim's Address: _____

City: _____ State: _____ Zip: _____ Phone (H) _____ (W) _____

Type of Victim: Human _____ Animal _____ Did Victim Provoke Bite?: Y or N

Location of Bite on Victim: _____

MEDICAL INFORMATION:

What treatment was given?: _____ Where was Victim treated: _____

Did bite result in: Minor Punctures: Y or N Scratches: Y or N Lacerations (cuts): Y or N

Broken Bones: Y or N Multiple bites: Y or N Stitches: Y or N How many stitches: _____

ANIMAL OWNER INFORMATION: OWNER'S PERSON # _____

Name of owner: (if known): _____ Date of Birth: _____

Owner's Address:(H) _____ (W) _____

City: _____ State: _____ Zip: _____ Phone:(H) _____ (W) _____

BITE ANIMAL DESCRIPTION: ANIMAL ID #: _____

M. _____ F. _____ Unable to sex: _____ Dog: _____ Cat: _____ Pup: _____ Kitten: _____ Other: _____

Color: _____ Size: _____ Age: _____ Breed: _____ Name: _____ Rabies Tag _____ Yr _____

QUARANTINE INFORMATION

Owner's Property: _____ HCAS: _____ At Large: _____ Location Unknown: _____ Citation Issued: # _____

At Veterinary Clinic: Name: _____ Animal Quarantined Y or N

Health Department Phone # given (813) 272-6320: Y or N

INCIDENT INFORMATION

Describe how bite occurred: _____

Continue on Page 2

PERSON SUBMITTING REPORT

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone:(H) _____ (W) _____

I certify that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Bus Supplies

Muzzles various sizes (set of 7)	\$34.00
Leashes (box of 25)	\$16.00
Pet Carrier/crate medium* (10 @ \$75.00)	\$750.00
N95 surgical respirator masks (Box of 10 Respirators)	\$19.95
TOTAL	\$ 819.95

*** If cost is a limiting factor, transportation supervisors may want to consider soliciting donations of pet carriers. For some of the smaller animals cardboard boxes or cardboard pet carriers may be an adequate substitution.**