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 facility's 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.**
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) _______________________________ Signature _______________________________ Date ________________________

FWCDLE 619 (02/06); Revised (06/09)  
Incorporated by reference in Rules 68A-6.0022, 68A-6.003, and 68A-6.007, F.A.C.
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:
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

IV. Miscellaneous Emergency Supply Checklist

☐ Food  ☐ Water  ☐ Medical Supplies
☐ Generator(s)  ☐ Ice  ☐ Misc. Supplies

Location of storage and/or contact information for obtaining supplies

V. Current Animal Inventory (Attached)
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<tr>
<th>Region</th>
<th>Address</th>
<th>City/Location</th>
<th>Phone</th>
<th>24-Hour Law Enforcement</th>
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<tbody>
<tr>
<td>Northwest Region</td>
<td>3911 Hwy. 2321</td>
<td>Panama City, FL</td>
<td>(850) 265-3676</td>
<td>(850) 245-7710</td>
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<td>North Central Region</td>
<td>3377 E. US Highway 90</td>
<td>Lake City, FL</td>
<td>(386) 758-0525</td>
<td>386-758-0529</td>
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<td>Northeast Region</td>
<td>1239 S.W. 10th Street</td>
<td>Ocala, FL</td>
<td>(352) 732-1225</td>
<td>352-732-1228</td>
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<tr>
<td>Southwest Region</td>
<td>3900 Drane Field Road</td>
<td>Lakeland, FL</td>
<td>(863) 648-3203</td>
<td>863-648-3200</td>
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<tr>
<td>South Region</td>
<td>8535 Northlake Boulevard</td>
<td>West Palm Beach, FL</td>
<td>(561) 625-5122</td>
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<td>Monroe and Collier County</td>
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<td>State Warning Point</td>
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<td>Florida Department of Agriculture and Consumer Services</td>
<td>Emergency: 1-800-320-0519 or 850-413-9911</td>
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<td>Non Emergency: 850-413-9900</td>
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