

VETERINARY DISASTER ANIMAL RESPONSE TEAM (V-DART)

Forsyth County Animal Control

5570 Sturmer Park Circle, Winston-Salem, NC

Veterinary services will be critical in providing animal relief in a disaster. If you are interested in participating on a Disaster Animal Response Team, please provide the following information.

Practice Name _____ Date _____

Owner or Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Fax _____ Cell/Pager _____

Specialize in handling: Dogs Cats Exotics Horses Livestock Other _____

In a disaster, would you be willing to work on an Animal Response Team? _____

Would doctors or staff in your practice be willing to work on an Animal Response Team? _____

If yes, please list names and contact numbers on second page of form.

Could your hospital be made available during a disaster for emergency medical care and/or temporary animal sheltering? _____. If yes, please indicate what facilities you could make available.

Animal	Kennel Capacity (indicate #)	Hospital Surgical Capacity
Dogs/cats under 20 pounds		
Dogs 21- 50 pounds		
Dogs larger than 50 pounds		
Small exotics/pocket pets		
Large animals/livestock		

Does your hospital have a backup power source? (Generator) _____ If yes, what? _____

Does your hospital have city/county water supply? _____ or do you have a well? _____

Do you own a 4-wheel drive vehicle that could be used in a disaster? _____ Type? _____

Have you received a pre-exposure rabies vaccine? Date of vaccination? _____ Date of last titer _____

What types of assistance are you interested in providing? Please check all those that may apply.

- Field hospital/Triage Unit
- Evaluate animals in temporary shelters
- Transportation
- Bilingual? What other language do you speak? _____ Fluently? _____
- Provide medical facilities
- Provide temporary shelter/boarding facilities
- Other _____

Thank you for helping animals. Mail or deliver this completed registration to Tim Jennings, Director, Forsyth County Animal Control at the above address. You will be added to the V-DART Resource list.

Name	
Position or Title	
Home Phone	
Work Phone	
Fax Number	
Email address	
Date of pre-exposure rabies vaccine	
Date of rabies titer	

Name	
Position or Title	
Home Phone	
Work Phone	
Fax Number	
Email address	
Date of pre-exposure rabies vaccine	
Date of rabies titer	

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Position or Title	
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