

Emergency Management Office
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Chesapeake, VA 23322
(757)382-6504
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VA SART (Virginia State Animal Response Team)

ANIMAL CARE AND HOLDING SURVEY

Facility _____

Owner's name _____

Facility address _____

Facility phone No. _____

Owner's home phone No. _____ Cellular phone No. _____

Owner's pager No. _____ Ham radio? _____

What species of animal will you accept?

_____ Canine _____ Feline _____ Equine _____ Avian _____ Other (specify)

How many cages or stalls do you have available?

_____ Cages _____ Runs _____ Large animal stalls _____ Corrals

Are you willing to provide services during a disaster? (check one)

_____ Pro bono _____ Reduced fee _____ Standard fee

What are your minimal entry requirements for animals to your facility?

_____ Not applicable _____ Rabies vaccination _____ Other vaccinations _____ Parasite control

Do you have isolation facilities that could be used if needed?

_____ Yes _____ No

Would your facility and/or support staff be available for disasters outside normal hours of operation?

_____ Yes _____ No

Release: (to be signed by person to commit facility) Print Name

Signature _____ Date _____