Reporting Date:	**CANADIAN DISASTER ANIMAL RESPONSE TEAM**	**MAP CODE**:

ACTION REQUEST FORM

This form is used to record all requests to respond to the needs of animals affected by this disaster.

Reporting Date:

Time:

MAP CODE:

REPORTING SOURCE:
- ☐ Owner Requested
- ☐ Reported by Third Party
- ☐ Agency Request (Name Below)

_____

Information Taken By: (Please Print)	**CDART SAR:** (Use separate form for each action) ☐ Evacuate ☐ Maintenance ☐ Trapping ☐ Mortality	Task Number/City:

REPORTING PARTY (SEE BOTTOM SECTION FOR LOCATION OF ANIMALS)   PRIORITY

NAME (LAST, FIRST):

PERMANENT PHONE:

ADDRESS:

CITY / POSTAL CODE:

TEMPORARY PHONE:

ADDRESS:

CITY / POSTAL CODE:

PRIORITY
- ☐ **URGENT**
- ☐ **WITHIN 2 DAYS**
- ☐ **WITHIN 3 DAYS**

DOES THE ANIMAL BELONG TO THE REPORTING PARTY? ☐ YES ☐ NO

IF NOT, WHO DOES THE ANIMAL BELONG TO: (PROVIDE NAME, ADDRESS AND PHONE NUMBERS IF KNOWN).

_____

_____

FILE FLAGGED
☐ **YES** ☐ **NO**

WILL REPORTING PARTY BE JOINING THE RESPONSE TEAM?

☐ Yes ☐ No

LIST ANIMALS FOR RESPONSE: (USE ADDITIONAL PAGE 1 SHEETS, IF NECESSARY-MARK "ARF PAGES")

ID	TYPE & BREED	SIZE	SEX (M / F)	COLOR(S)	SHY	BITER	CONFINED	LOCATION OF ANIMAL ON PROPERTY / ADDITIONAL COMMENTS / NAME	INTAKE NUMBER
1									
2									
3									
4									
5									

DATE & LOCATION WHERE ANIMAL(S) LAST SEEN

WHEN WAS ANIMAL LAST SEEN DATE _____ TIME _____	ARE PEOPLE WITH THE ANIMAL(S)? ☐ Yes ☐ No IF YES, WHO? _____	ANIMAL(S) BEING FED/WATERED? ☐ Yes ☐ No WHEN WAS LAST TIME? _____

WHERE IS THE ANIMAL LOCATED?

CITY _____ ADDRESS _____

DIRECTIONS TO THE RESCUE AREA _____

_____

LANDMARKS _____

LOCATION OF ANIMAL(S) ON PROPERTY: IDIOSYNCRACIES? _____

RESTRICTED AREA? ☐ Yes ☐ No	KEY PROVIDED? ☐ Yes ☐ No ☐ Other:

PERMISSION GIVEN TO BREAK IN? ☐ Yes ☐ No   IF YES, WHICH DOOR/WINDOW: _____

PERMISSION GIVEN BY:

PRINT NAME:_____ SIGNATURE: _____

ARF#: _____

ANIMAL(S) AGGRESSIVE? ☐ Yes ☐ No	ANIMAL(S) INJURED? ☐ Yes ☐ No	ANIMAL(S) IN ANY IMMEDIATE DANGER ☐ Yes ☐ No IF YES, EXPLAIN:
IF YES, WHICH ONE/S? _____	IF YES, DESCRIBE: _____	_____

COMMENTS

_____

_____

_____

OFFICE USE ONLY

VOLUNTEERS ASSIGNED TO RESPOND

Team Name:_____   Team Leader:_____   Team Leader Initials: _____

Team Members: _____

Reason for Response: _____

SAR Inventory: ☐Water ☐Cat Carriers ☐Dog Crates ☐Cat Food ☐Dog Food ☐Cat Trap ☐Leash ☐Collar ☐Halter

☐First Aid Kit ☐Hardhat ☐Flashlight ☐Vest ☐Gloves ☐Whistle ☐Other: _____

DATE : _____ TIME OUT: _____ TIME IN: _____ RESPONSE LOGGED: Y / N

RESULTS: ☐ ENTERED PROPERTY ☐ RESTRICTED FROM ENTERING AREA ☐ UNABLE TO FIND LOCATION OF PROPERTY

ANIMAL ID	FED / WATERED	UNABLE TO LOCATE	UNABLE TO RETRIEVE	FOUND DECEASED	EVACUATED	GIVEN TO OWNERS	TAKEN TO CDART A.I.	TAKEN TO VET/FOSTER (PRINT NAME)	OTHER
1									
2									
2									
4									
5									

COMMENTS: _____

OTHER DETAILS:_____

Follow Up

REQUIRED? ☐ NO ☐ YES   IF YES, REASON: _____

SUGGESTED RETURN DATE: _____   SUGGESTED RETURN TIME: _____

I am the legal guardian of the animal(s) documented above unless otherwise stated. I hereby request CDART to enter my property to attend my animal(s) as stated and I hereby waive any liability to CDART if the response is successful or not. I understand that every attempt will be made to respond to my request in time and I am aware that circumstances are present that may result in the prevention of the response. I also waive any liability for any damage done to my property by CDART while attempting to respond to my request. I understand that every effort will be made by CDART to leave the property in the same condition as when they enter the property.

SIGNED: _____   DATE: _____ '

VERBAL PERMISSION IF UNABLE TO BE PRESENT TO SIGN FORM: _____ TIME: _____ APPROVED: _____

PLEASE PRINT

ATTACH KEY BAG HERE   **ARF #** _____