

County Animal Supplies Survey

1. **Company/Organization Name** _____

Address _____
Number and Street City Zip

Facility Phone () ____ - ____ Fax () ____ - ____

Representative's Name _____

Representative's Pager () ____ - ____ Cell phone () ____ - ____

2. **What supplies do you have?**

Veterinary Supplies

Drugs Vaccines IV fluids Leg wraps Bandages

Non-medical Animal Supplies

Small Animal

Pet carriers Cat litter Collars Leashes Cages Shovels Bleach
 Disinfectant Food and water dishes

Large Animal

Halters Lead ropes Blankets Bedding Wheelbarrows Rakes
 Pitchforks Buckets Hoses Fly spray Bleach Disinfectant Lime

Office Supplies

Trail marking tape Duct tape Microchip scanner Camera/film Paper
 Pens/pencils Permanent markers Binders Staplers Hole punch
 Computer/printer Copy machine Flashlights Cellular phones

3. **Would you be willing to provide these supplies during a disaster?**

Free Loan Reduced Rate _____ Standard Rate _____

4. **Give brief directions to your location from the closest major road or highway.**

County Animal Supply Resource List

Organization/Company Name _____

Address _____
Number and Street City Zip

Area or cross streets _____

Contact's name _____

Phone Number () _____ Fax () _____

Rep's Cell Phone () _____ Pager () _____

Supplies Available _____

Free Loan Reduced rate _____ Standard Rate _____

Organization/Company Name _____

Address _____
Number and Street City Zip

Area or cross streets _____

Contact's name _____

Phone Number () _____ Fax () _____

Rep's Cell Phone () _____ Pager () _____

Supplies Available _____

Free Loan Reduced rate _____ Standard Rate _____