



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

**ANIMAL HEALTH
NEEDS ASSESSMENT**

Chapter 252, Florida Statutes

Event Name: _____
Event Number: _____
Date: _____ Time: _____
Inspector Initials: _____ Assessment #: _____
Assessment Type: <input type="checkbox"/> Phone <input type="checkbox"/> On-Site <input type="checkbox"/> Email

Premises Information

Owner/Business Name: _____ Premise ID: _____

Phone (primary): _____ Mobile

Phone (alternate): _____ Mobile

Email: _____

Physical Address (Where Animals Are Located)

Street Address: _____

City: _____ Zip: _____ County: _____

Latitude: _____ Longitude: _____

Type of Facility

Farm Producer Vet Clinic Pet Store Feed Store Pet-Friendly Shelter

Other: _____

Operational Status Fully With Limitations Not operational

Electricity: Yes No Water: Yes No

Additional Comments¹: _____

Animals On-site? Yes No If yes, you must complete page 2 of this form.

Need Assessment Level

Urgent needs are classified as a situation where an animal death is imminent within 48 hours without intervention, or a public health or safety issue is present. If urgent, you must call the Incident Command Post (ICP) and notify the Planning Section Chief as soon as this evaluation is complete.

Select one.

Urgent Follow-up needed in 48 hours Non-urgent and No follow-up needed

Resource(s) Requested

Requested resources must be specified on page 2 of this form.

Needed Not needed

This box to be completed by the Planning Section at the ICP.			
asked to:	Assessment #:	Mission #:	

ANIMAL TYPE	Total Number ²	Number Dead	Number Injured/Sick	Resource(s) Requested ³	Comment
Cattle (Dairy)					
Cattle (Beef)					
Avian					
Horse					
Swine					
Sheep					
Goats					
Dogs					
Cats					
Pet birds					
Other ⁴					
Totals⁵					

¹ Additional Comments may include structural issues (i.e. Flooding, Damage to Fencing, Damage to Animal Housing, Damage to Animal-Related Business)

²Total Number Includes: Number Healthy + Number Dead + Number Injured per species.

³ Resources needed for animal health/well-being: Water, Feed, Shelter/Pens, Electricity, Fuel, Personnel, and/or Other (Explain)

⁴ Specify species in comment. Use additional sheets as necessary.

⁵ Total numbers for each column.

Follow-up date/time	Comments

All needs fulfilled/No additional follow-up needed. Date action completed _____