

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
ANIMAL CARE**

CONTINGENCY PLANNING PROGRAM

INSTRUCTIONS: This optional form or an equivalent format may be used to meet the requirement for a written Contingency Plan. This form may be used as a guideline for developing and writing a Contingency Plan. Pages or blocks which do not apply to the facility should be marked N/A. If the space provided is not adequate for a specific topic, additional sheets may be added. Ensure the additional sheets include Section and Item Numbers. For more information, see 7 U.S.C. 2131-2159; 7 CFR 2.22, 2.80, and 371.7.

| SECTION I. ESTABLISHMENT OF CONTINGENCY PLANNING PROGRAM | | SECTION II. MAINTENANCE OF PROGRAM |
|--|-----------------------|--|
| 1. LICENSEE/REGISTRANT NAME | 6. SITE NUMBER | <p>Facilities must develop, document, and follow a contingency plan to provide for the humane handling, treatment, transportation, housing, and care of their animals in the event of an emergency or disaster. Make sure your contingency planning addresses the basics by completing this optional form.</p> <p>The process of contingency <i>planning</i> is more important than an actual plan, especially if the plan is never revisited. Review your plan once a year, at minimum. Practice your plan through drills with employees. Use the reviews as an opportunity to improve your plan (e.g., add new triggers you had not thought of before, update contact information for all employees, add backup sources for feed, assess your training). Make sure your contingency plans as well as all annual review documentation are available to USDA upon request.</p> <p>For more tips on planning, visit https://www.aphis.usda.gov/aphis/ourfocus/emergencyresponse/sa_animal_welfare</p> <p>I have read and completed this Contingency Planning Program and understand my responsibilities.</p> <p>Licensee / Registrant _____ Date _____</p> <p>IN THIS SPACE LIST THE DATES AND INITIAL WHEN YOU REVIEWED AND CONDUCTED DRILLS ON THIS PLAN. ADD MORE PAGES AS NEEDED.</p> |
| 2. BUSINESS NAME | | |
| 3. USDA LICENSE/REGISTRATION NUMBER | 7. HOME TELEPHONE | |
| 4. STREET MAILING ADDRESS | 8. BUSINESS TELEPHONE | |
| 5. CITY, STATE, AND ZIP CODE | 9. EMAIL ADDRESS | |
| SECTION III. IMPORTANT CONTACT INFORMATION | | |
| 1. ATTENDING VETERINARIAN | 10. POWER COMPANY | |
| 2. USDA INSPECTOR | 11. GAS COMPANY | |
| 3. EMERGENCY MANAGEMENT AGENCY | 12. WATER CO | |
| 4. ANIMAL POISON CONTROL CENTER | | |
| 5. ANIMAL EVACUATION SITE | | |
| 6. FIRE DEPARTMENT | | |
| 7. POLICE DEPARTMENT | 16. | |
| 8. HOSPITAL | 17. | |
| 9. POISON CONTROL CENTER | 18. | |

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