



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

**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 Comments<sup>1</sup>: \_\_\_\_\_

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

**The sections below to be completed by the Planning Section at the ICP.**

Tasked to:	Assessment #:	Mission #:
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**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 ☐ Unable to provide resources requested/ Not Needed

Event Name: \_\_\_\_\_  
Event Number: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Inspector Initial: \_\_\_\_\_  
Assessment Type: ☐ Phone ☐ On-Site ☐ Email  
Comments: \_\_\_\_\_

Animal Type	Total Number <sup>2</sup>	Number Dead	Number Injured/Sick	Resource(s) Requested <sup>3</sup>	Comment
Cattle ( <i>Dairy</i> )					
Cattle ( <i>Beef</i> )					
Horse					
Pig					
Sheep					
Goat					
Dog					
Cat					
Poultry					
Pet bird					
Other <sup>4</sup>					
<b>Totals<sup>5</sup></b>					

<sup>1</sup> Additional comments may include structural issues (i.e. flooding, damage to fencing, damage to animal housing, damage to animal-related business).

<sup>2</sup> Total number includes: number healthy + number dead + number Injured per species.

<sup>3</sup> Resources needed for animal health/well-being: water, feed, shelter/pens, electricity, fuel, personnel, and/or other (Explain).

<sup>4</sup> Specify species in comment. Use additional sheets as necessary.

<sup>5</sup> Total numbers for each column.

**The section below to be completed by the Planning Section at the ICP.**

Follow-up date/time:	Comments:

☐ All needs fulfilled/No additional follow-up needed. Date action completed: \_\_\_\_\_