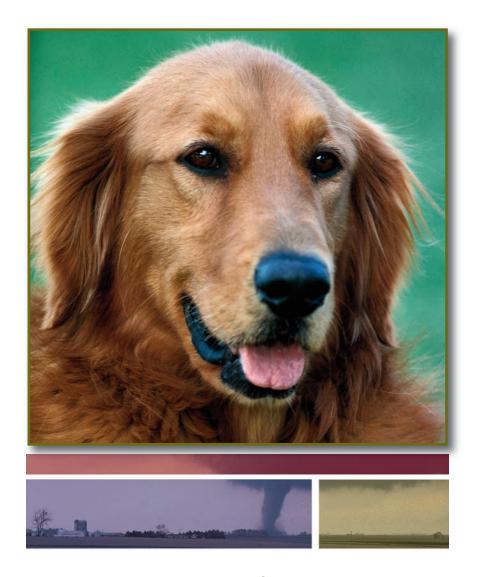


Emergency Preparedness Tips for Those with Functional Needs



TIPS
Service Animals and Pets
Disaster Tips

www.ready.illinois.gov

Disaster Tips for People Who Care for Service Animals and Pets

The State of Illinois has developed this tip sheet to prepare you for an emergency or disaster. This tip sheet is designed to be used in conjunction with "Preparing for Disaster for People with Disabilities and Other Special Needs" and the "Emergency Health Information Card."

1 GET A KIT

In addition to the list of recommended items to include in a Disaster Supplies Kit, which is available at www.ready.illinois.gov, people who care for service animals and pets may consider including the following items:



For each animal:

- Two-week supply of water (plastic gallon jugs) and food
- Non-spill food and water dishes
- Manual can opener and spoons
- Animal/service animal identification information, veterinary records and proof of ownership
- Cage/carrier (labeled with contact information: pet's name, owner's name, address and phone number and an emergency name and phone number)
- Favorite toys, treats, blankets
- Leash, collar, harness, muzzle, stakes and tie downs



- Litter, litter pan, litter scoop
- Newspaper (for bedding or litter)
- Paper towels and plastic baggies
- First aid kit and manual (call your vet)

2 Make a Plan

Create a Personal Assessment. Decide what you will be able to do for yourself and what assistance you may need before, during and after a disaster. Make a list of your personal needs and resources for meeting them in a disaster environment. Such things to consider are:

☐ Meet with your family members, friends, and building manager to review community hazards and emergency plans. Tell them where you keep your emergency supplies. Choose an out-of-town contact. Following a disaster, family members should call this person and tell them where they are. Everyone must know how to contact this person (e.g. TTY, e-mail, pager, instant message, etc.). ☐ Decide where to meet your household members if you become separated. Complete an Emergency Health Information Card. Update it regularly and keep it with you at all times. ☐ Check your Animal Supply Kit and Take-A-Long Bag every six months to keep information current and supplies fresh. Make sure your service animals and pets have current I.D. tags. Consider other methods of identification, such as microchip.



Service Animals and Pets Disaster Tips

Don't forget your animal/service animal identification information, veterinary records and proof of ownership.

Plan how your pets will be cared for if you have to evacuate. Pets, in contrast to service animals, are not allowed in emergency shelters due to health regulations. So, have some animal shelters identified! ☐ Establish relationships with other animal owners in your neighborhood, so in case you are not home, there will be someone to help your animal. Pets and service animals may become confused or frightened during and after a disaster: keep them confined or securely leashed/harnessed. A leash/harness is an important item for managing a nervous animal. Be prepared to use alternative ways to negotiate your environment. Secure computers and anchor special equipment. Create a back-up system for important data and store it off-site. 3 BE INFORMED Learn your community's response and evacuation plans. Learn the emergency plans and procedures that exist in places you and your family spend time (e.g. workplace, school, child care centers). Develop a communication plan with them. Ask your local fire department, police department or emergency management office about emergency special assistance programs. Many communities ask people with a disability to register so assistance can be provided in an emergency. Ask your city or county how they will warn you of a disaster situation and provide information to you

before, during and after a disaster.

ш	broadcast the Emergency Alert System.
	Ask your local emergency management office if they have an emergency notification system that can interface with a TTY. This system can contact people in an affected area.

Check Off When Completed	Date	Activity to be Completed
		Put together my Disaster Supplies Kit.
		Completed a Personal Assessment.
		Created a Support Network.
		Arranged an out-of-town contact.
		Completed my Emergency Health Information Card
		Installed audible alarms and visual smoke alarms.
		Gathered my Emergency Documents.
		Created my Communication Plan.
		Told my family, neighbors, local emergency teams, local fire department what I need in an emergency situation.

Emergency Health Information Card

- 1. This card should be duplicated as needed.
- 2. Cut out the card along the dotted lines.
- 3. Write in contact information for each household member. Use the back side of this card if you need additional space.
- 4. Fold the card so it fits into your pocket, wallet or purse.
- 5. Carry your card at all times so it is available in the event of a disaster or other emergency. Place it near your driver's license, school I.D., etc.

Emergency He	alth Information Card	Emergency Health Information Card
Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone:		Emergency Contact #1: Relationship: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:
Birth Date: Health Plan: Individual #:	Blood Type: Group #:	Emergency Contact #2: Relationship: Address:
Doctor's Name: Address: City, State, Zip: Phone: E-mail:	Fax:	City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail:
Pharmacist's Nar Address: City, State, Zip: Phone: E-mail:	ne: Fax:	Special Conditions: Medications/Dosages: Allergies:
	Date Updated: Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: Health Plan: Individual #: Doctor's Name: Address: City, State, Zip: Phone: E-mail: Pharmacist's Name Address: City, State, Zip: Phone: E-mail:	Name: Address: City, State, Zip: Day Phone: Evening Phone: Cell Phone: E-mail: Birth Date: Health Plan: Individual #: Group #: Doctor's Name: Address: City, State, Zip: Phone: Fax: E-mail: Pharmacist's Name: Address: City, State, Zip: Phone: Fax: E-mail: Fax: