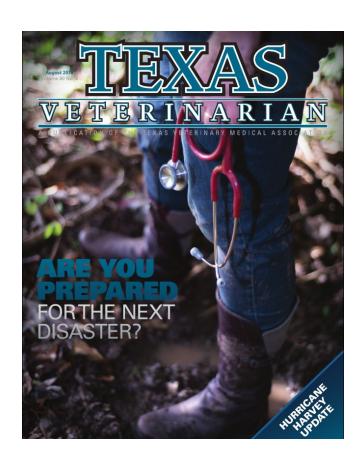




Member Education





Public Education







Visit vetmed.tamu.edu/vet/beprepared for a full list of tips.









Veterinary





find alternative sites and plan evacuation routes, decide where to place equipment and feed, find resources to move livestock, take photos of all equipment, and develop a Continuity of Operations plan (The VET can help!)

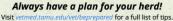
PREPARING

BE READY TO GO!

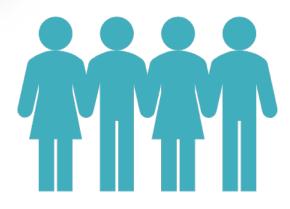
Don't wait till it's too late:

allow ample time to pre-position equipment and feed sources, as well as to move livestock to safer locations

Don't depend on historical norms to inform your evacuation plans!



Volunteers



Volunteers

- Great resource
- Can be difficult to manage
 - Cajun Navy
 - Harvey Volunteers
- No self-deployment
- Licensure issues
- Work with other organizations to meet needs



TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

APPLICATION FOR TEMPORARY EMERGENCY LICENSE

(During Governor declared state of disaster ONLY)

PURPOSE This application is required for eligible persons to apply for and receive a temporary emergency license to practice veterinary medicine in the State of Texas. ONCE GRANTED, THIS LICENSE EXPIRES 120 DAYS AFTER IT'S ISSUE DATE, OR SOONER IF AN END OF DISASTER DECLARATION IS ISSUED.

APPLICATION The competed application must be received in the Board office prior to a temporary emergency illicense being issued. <u>There is no fee payable for this narricular Henzes</u>. All requested data and information must be given. This application will not be processed nor will a temporary emergency license be issued unless the completed form has been received in its entirely.

APPLICATION SUBMISSION Please mail, hand-deliver or fax the application to: Texas State Board of Vertramy Medical Examiners, 333 douadulpe Street, Suite 3-810, Austin, Texas 78701 or fax (512)305-7556. You may also email the application to licensing/iveterinary.texas.gov.

ENERAL INFORMATION		
(a) Full Name (Last)	(First)	(Middle)
(b) Social Security Number		
(c) Maiden Name (If applicable)		
(d) Have you ever used any other name or has you (i.e. marriage, etc.)		
(e) Have you ever applied to this agency before? _ under which you applied and for what you applied	If "yes", please give the	e approximate date and name
Mailing Address:		
Street/apt#	City	State
Zip		
Phone Number(s) and E-mail information:		
(a) Residence:	(b) Work:	
(c) Cell Phone:		
(d) E-mail address:		
(e) Fax:		
Address as listed in the records with respective St 1.2. Driver's License Number and State in which is:		
Give date and place of birth:	sucu	
Give and place of birth:	Weight Color of	Heir Celes of
Give accurately your present: Height Eyes Complexion Disti	weightColor of	rius location and
description	inguishing marks and or scars, p	give location and
Give the date and school where you began vete	and give the d	ate and school from which
you graduated: Date Nam	ne of veterinary college/univers	ity (if graduate of a foreign

veterinary college, please give the name of the country)



TEXAS VETERINARY MEDICAL RESERVE CORPS



- Developed following Harvey
- Result of Disaster
 Preparedness Committee
 initiative
- TVMA helped with formation & promotion
- Limited involvement in the future



- TAMU
- Largest veterinary response team in country
- TVMRC volunteers receive training and feed into the VET

Volunteers



Donations

- Money
- Pharmaceuticals
- Supplies

Foundation

- Received significant contributions
- Grant program
- Committee formed to review grant requests



Programs





- Based on a Hurricane Katrina program
- TVMA/TVMF/Houston SPCA
- Thousands of displaced animals
- Dogs, cats, horses, moved to veterinary clinics
- Housing/food/veterinary care
- Foster homes
- TVMF Grants to clinics/foster homes
- 350 animals cared for

46 reunited
219 found new homes
Programs

Poll Question

I am confident my association is well prepared to assist our members affected by a natural disaster.

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

