**USE THIS FORM:**

**This form may be used for a call up for a real FAD response event OR for a call up drill/exercise.**

When the Government of Canada (GoC), via the Canadian Food Inspection Agency (CFIA), requests the Canadian Veterinary Medical Association (CVMA) to contact all or some Canadian Veterinary Reserve (CVR) members to determine their availability to serve in an FAD response.

**STEPS TO INITIATE AND COMPLETE A CALL UP REQUEST:**

|  |  |
| --- | --- |
| **STEP #** | **ACTION REQUIRED** |
| **1** | **Requestor initiates request via phone call to:*** + **Primary Contact:**

Canadian Veterinary Medical Association’s Chief Executive Officer (CEO) * + **Alternate Contacts:**

**a.** Director Members Services & Communication**b.** Administrator, Canadian Veterinary Reserve**c.** Executive Assistant to the CEO**Contact information available online at**<https://www.canadianveterinarians.net/contact/contact-form.aspx> |
| **2.** | **Requestor** receives an urgent e-mail from CVR Administration containing the “***CVR Call Up Request Form for FAD Response”*** for completion. |
| **3.** | **Requestor** completes form and sends via urgent email to reserve@cvma-acmv.org. |
| **4.** | **CVMA** receives and reviews request. CVMA CEO, or designate, may call Requestor to clarify or confirm details. |
| **5.** | **CVMA** receives written request. Using criteria identified therein, CVR Administration sends a *CVR Call Up Notice* to CVR Members outlining the details of the emergency and the request for service.  |
| **6.** | **CVMA** reports back to Requestor on Call Up results (within 24-48 hours). CVMA provides Requestor with the list of CVR Members who indicated their *Availability to Deploy* to serve in the emergency response.  |

A Call Up request is NOT a call for CVR members to deploy, a Call Up request provides an *Available to Deploy List*. Should the Requestor wish to request CVR members on this “list” to deploy, that is a process separate from a Call Up.

**AGREEMENT BETWEEN THE REQUESTOR AND THE CANADIAN VETERINARY MEDICAL ASSOCIATION (CVMA):**

All requests to the CVMA for CVR services (including Call Up initiation) require that the requesting party (‘The Requestor’) accepts and honours the terms of the agreement included at the end of the Call Up form. A list of emergency response services provided by the CVMA/CVR are available at (CVR Admin. enter web address here).

**Please fully complete the form below.** The information you provide assists the CVMA in preparing communications to its CVR Members. The more details that can be shared with CVR members at the Call Up stage, the higher likelihood they will respond positively and promptly.

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| **PURPOSE OF THE CALL UP REQUEST** |
| **Indicate if call up is for Real Event OR a Drill/Exercise** | **CALL UP IS FOR A REAL EVENT** (indicate either YES or NO):Click or tap here to enter text. |
| **CALL UP IS FOR A DRILL OR EXERCISE** (indicate either YES or NO):Click or tap here to enter text. |
|  | **AUTHORIZED REQUESTOR INFORMATION** |
| **REQUESTING** **ORGANIZATION** | Click or tap here to enter text. |
| **ORGANIZATIONAL DEPARTMENT** | Click or tap here to enter text. |
| **AUTHORIZED REQUESTOR****(Primary Contact)** | **Position Title** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |
| **Business Phone & ext.** | Click or tap here to enter text. |
| **Mobile phone** | Click or tap here to enter text. |
| **Fax number** | Click or tap here to enter text. |
| **AUTHORIZED REQUESTOR****(Alternate Contact)** | **Position Title** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **E-mail** | Click or tap here to enter text. |
| **Business Phone & ext.** | Click or tap here to enter text. |
| **Mobile phone** | Click or tap here to enter text. |
| **Fax number** | Click or tap here to enter text. |
| **INITIATING CALL UP REQUEST** |
| **Telephone Contact** |
| **First phone contact with CVMA/CVR** (DD/MMM/YYYY) | Click or tap here to enter text. |
| **Name/Title of CVMA person contacted**  | Click or tap here to enter text. |
| **Name/position of Requestor** who made 1st contact | Click or tap here to enter text. |
| **Written Request** |
| **Written request made** (DD/MMM/YYYY) | Click or tap here to enter text. |
| **Name/position of Requestor** making written request. | Click or tap here to enter text. |
| **Name/Position/Email Address of CVMA person(s) written request sent to** | Click or tap here to enter text. |
| **EMERGENCY AND RESPONSE INFORMATION** |
| **Nature of the Emergency** - (disease type; type & species of animal(s) involved; approximate number of animals affected; other general emergency information).Click or tap here to enter text. |
| **Geographic location/area affected by the emergency**Click or tap here to enter text. |
| **Current Situation** - in general terms, describe the emergency response to date and status of the emergency response.Click or tap here to enter text. |
| **Briefly describe the role(s) CVR members may be expected to perform in the response** (i.e. sampling; surveillance; euthanizing of animals; etc.).Click or tap here to enter text. |
| **Briefly describe the emergency environment in which CVR Members will be expected to work** (i.e. emergency specific training provided; working environment; reporting structure; other relevant preliminary information).Click or tap here to enter text. |
| **DETAILED CALL UP REQUEST****Note:** CVMA-CVR policy limits the service time of any individual CVR member to a maximum period of three (3) consecutive weeks after which a minimum one (1) week rest period ensues before any re-deployment may occur. |
| **OPTION A**A total of 3 weeks or less of CVR service is expected.Please indicate the number of CVR member veterinarians required for each week: |
| **Week #** | **Service Dates From – To****(DD/MMM/YYYY)** | **Number of CVR member veterinarians requested** |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total** |  | Click or tap here to enter text. |
| **OPTION B**More than 3 weeks of CVR service is expected Please indicate needs with a maximum of 3 consecutive weeks’ service per “wave”: |
| **Wave** | **From - To Dates of Service****(DD/MMM/YYYY)** | **# of CVR members requested for this time span** |
| **1** | Click or tap here to enter text. | Click or tap here to enter text. |
| **2** | Click or tap here to enter text. | Click or tap here to enter text. |
| **3** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4** | Click or tap here to enter text. | Click or tap here to enter text. |
| **5** | Click or tap here to enter text. | Click or tap here to enter text. |
| **6** | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| **SPECIFIC CALL UP CRITERIA FOR CVR MEMBER SELECTION****Indicate Yes (“Y”) in the appropriate columns below to indicate critical** (must have) **or beneficial** (nice to have) **criteria.****In each “Y” category indicate specific need** (i.e. specialty “Poultry”; industry production practices “poultry”; Language “English and French”; etc.) |
| **Criteria/Attribute** | **Critical** | **Beneficial** |
| **CFIA accredited veterinarians** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Board Certification** (indicate certification requirements) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Recognized Specialty(ies)** – (indicate specialty requirements) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Post Graduate Degree** (indicate degree requirements) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Language(s)** - (indicate required language(s) and if must read, write, speak) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Industry/Production Practices** - has practical working knowledge of (indicate industries) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Emergency Response Experience** (indicate specific experience) | Click or tap here to enter text. | Click or tap here to enter text. |
| **ICS Training/Experience**  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Willing to euthanize animals** as directed (including healthy animals) | Click or tap here to enter text. | Click or tap here to enter text. |
| **Comfortable handling, sampling and euthanizing** (indicate species) | Click or tap here to enter text. | Click or tap here to enter text. |

Click or tap here to enter text.

**CANADIAN VETERINARY MEDICAL ASSOCIATION - SERVICE CONTRACT TERMS**

The Canadian Veterinary Reserve (CVR) is a program of the Canadian Veterinary Medical Association (CVMA). The CVMA is a not-for-profit-organization which provides CVR administrative services on a cost recovery basis. Unless otherwise included in a separate agreement, each CVR Call Up request will be billed to the requesting organization as follows:

1. **CVMA Administrative Personnel Services:**

Includes the services of CVMA CEO; CVMA administrative personnel; CVMA Communications personnel; and/or any contractors hired by the CVMA to conduct to the service requested.

Administrative services will be tracked, reported and charged on an hourly basis as follows:

|  |  |
| --- | --- |
| **Position** | **Hourly rate** |
| CVMA CEO (or alternate) | $200 |
| CVMA Communications Lead (or alternate) | $200 |
| CVR Administrator & Other CVMA support personnel | $100 |

1. **Office supplies; office expenses and other expenses:**

Those that are a direct result of the Call Up initiation request will be billed in full.

1. **Overhead:**

Will be billed at a rate of 2.5% of the total of A&B above??

**AGREEMENT BETWEEN THE CANADIAN VETERINARY MEDICAL ASSOCIATION AND THE REQUESTOR**

The Requestor agrees to reimburse CVMA for costs incurred in the process of initiating and completing a Call Up of the CVR as detailed in the above section - *“Canadian Veterinary Medical Association – Service Contract Terms”*.

The Requestor understands and agrees that this agreement covers only the activities and costs related to this specific Call Up of the CVR and does not extend to any further action that may or may not be taken (such as a request for the CVR to deploy or any other extended CVR activities).

**Requestor signature:** Click or tap here to enter text. **CVMA Signature:** Click or tap here to enter text.

**Title:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Date (DD/MMM/YYYY):** Click or tap here to enter text. **Date (DD/MMM/YYYY):** Click or tap here to enter text.