

TANEY COUNTY HEALTH DEPARTMENT

HOME QUARANTINE VISIT FORM



Case Number:	Visit Report Number:	Initial Exposure Date:	
Animal Owner Name:		Visit Date:	
Animal Owner Address:	City:	State:	Zip:

APPARENT HEALTH OF ANIMAL

Animal does not appear to be currently exhibiting nor has exhibited (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Behavior | <input type="checkbox"/> Excessive Salivation |
| <input type="checkbox"/> Lethargy | <input type="checkbox"/> Aggression |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Difficulty Walking/Paralysis |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Difficulty Eating/Drinking | <input type="checkbox"/> Self-Mutilation |

QUARANTINE PREMISES

Check all that apply:

- ☐ Primary quarantine area appears complete with no potential means for animal to escape.
- ☐ Outside fencing appears complete with no potential means for animal to escape.

Print Animal Owner Name:

Signature of Animal Owner:

Date:

Print Designated Authority Name:

Signature of Designated Authority:

Date: