

# TANEY COUNTY HEALTH DEPARTMENT

## QUARANTINE FORM FOR ANIMAL EXPOSURE



### ANIMAL OWNER

Was this animal exposed by suspected rabid animal? ☐ Yes ☐ No ☐ Unknown

Name:		Date:	
Address:	City:	State:	Zip:
Telephone			
Cell:	Work:	Home:	

### ANIMAL INFORMATION

Animal Name:	Age:	Sex:	Color:
Species:	Primary Breed:	Secondary Breed:	
Rabies # and Expiration Date:	License # and Expiration Date:	Court Date:	

### QUARANTINE

You are hear-by notified to quarantine your animal for a period of 10 days, to commence on \_\_\_\_\_. The animal must be kept available for inspection by the Taney County Health Department or designee. The animal must be confined securely at all times at the address indicated below. Release from quarantine will require inspection of animal by an Animal Control Officer (ACO).

1. The animal is not to be removed or released from the place of quarantine at any time during quarantine without approval by ACO.
2. The animal must be kept away from contact with other animals and humans who are not members of the immediate household so as to prevent further exposures.
3. The animal must be tied when outside, and only if there is a fence around the property. The animal shall be tied securely where it will not be able to reach any section of the fence.
4. The animal can be taken out on a leash by a responsible person on the owner's property.
5. When suitable quarantine cannot be maintained by the owner, the animal will be removed to the Animal Control Facility or veterinary hospital where proper quarantine can be maintained. The cost will be at the owner's expense.

You are hear-by notified that you are required to immediately report to the Taney County Health Department if the animal escapes, becomes sick, or dies during this period of quarantine.

Failure to comply with quarantine will and can result in the owner(s) being held liable for any and all damages from possible rabies exposure to another animal or human.

Place of Confinement:	Cage/Run # if at Animal Control:
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**I have read the above requirements and certify by my signature that I will comply with each.**

Signature of Owner/Caretaker:	Date:
Witness Signature:	Date:

Animal submitted for testing on this date:	Authorized By:
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