***[MODEL*]**

 **AGREEMENT FOR CONFINEMENT AT A VETERINARY FACILITY**

Unvaccinated animals involved in bites/exposure to a person(s) must be confined at the owner’s expense for a ten (10) day observation period at either \_\_\_ County Animal Control, hereinafter Animal Control, or in a licensed veterinary facility. If the owner elects to utilize the services of a veterinarian, **that veterinarian must complete this agreement and forward it to Animal Control.**

1) The following animal: Species \_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Belonging to (Owner) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at (Address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_, (Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_must be quarantined **beginnin**g on \_\_\_\_\_\_\_\_\_\_\_and **ending** on\_\_\_\_\_\_\_\_\_\_\_. **The animal must not be released prior to the end of the confinement period. However, if Animal Control notifies the undersigned veterinarian, his/her agent, or employee that the animal has caused severe injury or death to a human, the animal shall be immediately surrendered to Animal Services** **for completion of quarantine and investigation.**

 2) If the animal becomes sick, exhibits abnormal behavior, or dies during the confinement period, Animal Services will be notified immediately at (xxx) xxx-xxxx. If the animal dies, the animal’s body will be surrendered to Animal Services for rabies testing.

3) The animal must be isolated from other animals and will have minimal contact with people.

4) The animal shall not be allowed to leave the property and must be in a securely fenced area when outside its kennel. The animal will be leashed and muzzled and under the control of a person competent to restrain the animal when outside for exercise or relief.

5)  **If not currently vaccinated, the animal must be vaccinated against rabies by the veterinarian at the time of its official release from confinement and not before.**

6) Animal Control/County Health Department officials may have access to the animal during normal business hours.

7) I understand and agree to the above conditions and restrictions and further agree to indemnify and hold harmless Animal Control, the Florida Department of Health \_\_\_\_ County, the Board of County Commissioners, \_\_\_\_\_\_ County, and their agents or employees against all claims, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the quarantine of the animal, including but not limited to, costs and reasonable attorney’s fees, and if any of them are called to make payments arising out of any action against them by virtue of this instrument, then I shall further indemnify and make them whole for any such sums expended.

 Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true.

 Veterinarians

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_