RABIES PROGRAM HOME QUARANTINE AGREEMENT

Owners of animals involved in bites/exposures are required to quarantine their animal(s) for rabies observations for a minimum of ten (10) days. The County Health Department/Animal Control may authorize home quarantine for certain animals when the following criteria are met and the investigating officer concurs that it is in the best interest to all parties and the public's health to do so. The officer may, however, require stricter quarantine requirements.

I, _____, understand and agree to the following conditions and requirements:

1. My animal is currently vaccinated with a rabies vaccine administered by a licensed veterinarian. Proof is attached.

2. The animal will be isolated from other animals and will have minimal contact with people.

3. The animal will be leashed and under control of a person competent to restrain the animal when outside for exercise or relief, and shall not be allowed to leave my property except to receive emergency veterinary care. In such case, the veterinarian will be advised of the quarantine.

4. Check as appropriate:

   ___ a) County Health Department/Animal Control may have access to my property at all reasonable times to monitor the health status of the animal throughout the quarantine period.

   ___ b) The victim and/or their designee may have access to my property, once a day at a reasonable time, to monitor the health status of the animal throughout the quarantine period.

5. If the animal becomes sick, exhibits abnormal behavior, or dies during the quarantine period, I will notify the (County Health Department/Animal Control) immediately. If the animal dies, I will surrender the body for rabies testing.

6. I understand that quarantine is from _____ through _____.

   (mm/dd/yy) (mm/dd/yy)

7. I fully understand and agree that a breach of any of the restrictions and conditions imposed for the quarantine period will subject the animal to be immediately placed in a kennel or veterinary hospital at my expense, and that I may be liable for any penalties prescribed by law. If necessary, a veterinarian-administered examination may be required. I agree to pay all costs.

8. I understand and agree to the above conditions and restrictions and further agree to indemnify and hold harmless _____ County, The Department of Health, the Board of County Commissioners, 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 my animal at my home, including, but not limited to, costs and reasonable attorney's fees, and that if any of them are called upon to make any 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.

Owner's signature_____ Date_____

Please Print: Name_____ Phone No._____Address_____