

**[Model]**

**Informed Consent and Animal Rabies PEP Sheets**

INFORMED CONSENT FOR VACCINATION AND QUARANTINE OF UNVACCINATED DOGS, CATS, FERRETS, HORSES OR CATTLE EXPOSED TO A KNOWN RABID ANIMAL

I, \_\_\_\_\_, have been advised that my \_\_\_\_\_ has been exposed to a known rabid animal. I have been advised that pursuant to Florida Administrative Code that my \_\_\_\_\_ will be quarantined for a period of one hundred eighty (180) days. The date of this quarantine shall commence at \_\_:\_\_ (A.M./P.M.) on \_\_\_\_\_, 200\_ and end at \_\_:\_\_ (A.M./P.M.) on \_\_\_\_\_, 200\_.

As part of the quarantine and in an attempt to prevent my previously unvaccinated animal from becoming ill with rabies, I hereby consent to the off-label use of rabies vaccine. This shall consist of HRIG and a series of six (6) vaccinations, to be given on days 0, 3, 7, 14, 21 or 28 and one (1) month prior to the termination of the quarantine. These vaccinations will be given by a licensed Florida Veterinarian. Copies of the vaccinations will be provided to appropriate parties upon request.

I fully understand and acknowledge that this treatment does not guarantee protection against rabies. If the animal becomes ill during the quarantine period, it may be euthanized (killed) at that time. The acceptance of this protocol does not alter any aspect of the quarantine of my animal. No contact is allowed to the animal other than by those identified to be entrusted to the care of the animal.

If the animal is quarantined on my premises, there shall be absolutely no contact with anyone outside those providing care for the animal. If anyone is bitten/scratched by the animal during the quarantine, the animal shall be euthanized immediately and the head submitted for rabies testing.

I have read and understand these conditions. I have had the opportunity to ask questions and have them answered to my satisfaction. Under penalties of perjury, I declare that I have read the foregoing and the facts stated in it are true.

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_, 2005

WITNESS: \_\_\_\_\_