Coi	Inty Health Department [Model Letter to Animal Owner]
	(Date)
(Name) (Address) (City, State, Zip)	
Dear:	
We received a report on _	atAM/PM that your pet, a
,	, named,
(sex) (color)	, named, (breed)
was involved in a bite or	other exposure on (date)
incidents to be quarantine quarantine is acceptable i	dministrative Code, requires dogs, cats and ferrets involved in such d for 10 days. If the investigating officer determines that home a this instance and the requirements of the Home Quarantine Agreement be confined at your home during the observation period.
quarantine access indicate	is Home Quarantine Agreement. This Agreement must be read, and, signed and signature witnessed, and the top copy returned to this four hours. Failure to comply with this requirement will result in the case.
We appreciate your coop have any questions.	eration in this matter. Please contact us at if you

Sincerely,