

**NOTICE OF ANIMAL QUARANTINE**

**Issued To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Animal To Be Quarantined:**

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Color: \_\_\_\_\_

Descriptive features: \_\_\_\_\_

**You are hereby ordered to quarantine the animal identified above for ten (10) days for rabies observation. Quarantine is necessary to determine whether or not the person(s) bitten by the animal requires treatment. This order is issued in accordance with West Virginia Division of Health legislative rules on "Reportable Diseases," 64CSR7.**

**INSTRUCTIONS**

1. Quarantine the animal for ten (10) days beginning:      Date: \_\_\_\_\_ Time: \_\_\_\_\_  
The ten (10) day quarantine ends at:                              Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Isolate the animal away from other animals and human contact in a manner that will prevent its escape and permit daily observation. Tying the animal in an open yard is not adequate confinement.
3. Do not kill, sell, release, give, or vaccinate the animal away during the quarantine period.
4. Give the animal proper care and make sure it is well fed and watered. Every effort should be made to keep the animal alive.
5. At the end of the quarantine period, contact the health department at the phone number listed below to report the animal's condition.
6. If the **animal dies** or shows any **signs of sickness** during the quarantine period **contact the health department immediately**. Avoid exposure to the animal's saliva and do not contact, damage, or destroy the animal's head or brain tissue. Laboratory examination of the animal's brain tissue may be necessary to determine if the animal has rabies.
7. If the animal is required to be updated on rabies vaccinations, do not do this during the quarantine time. Once the animal has been released from quarantine you will have 10 days from release to the vaccination to be completed.

Sanitarian: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Health Department

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_