



REQUEST FOR HOME CONFINEMENT OF BITING ANIMAL
To be completed by animal owner

The Durham County Health Director may authorize home confinement for certain biting animals when *all* the following criteria are met, and the owner agrees to abide by all required conditions for the duration of the 10-day confinement period:

- 1. The animal is currently vaccinated against rabies; proof of vaccination is attached.
- 2. The animal is healthy now and exhibiting no signs or symptoms of illness.
- 3. Animal can be secured on owner's property in an enclosure or contained in such a way as to restrict direct physical contact with other animals or people (other than the primary caretaker), whether inside or outside, at all times
- 4. Animal will be kept on a leash and muzzled whenever outside.
- 5. Animal is not to leave the owner's property or Durham County during confinement.
- 6. Animal will not be vaccinated or given new medications during the confinement period unless approved by the Durham County Health Director/or designee.
- 7. Owner will monitor animal daily for changes in behavior or health and document findings daily on a form provided by the Department of Public Health. *Owner will notify the Health Department immediately if any changes occur or the animal dies.
- 8. Owner understands that Animal Services will make unannounced visit(s) during the confinement period to evaluate the animal's health and to assure owner is compliant with all conditions of confinement. Owner must be readily available at time of visit or respond promptly to any notice left by Animal Services. Any breach of the conditions imposed for home confinement will be immediately reported by Animal Services to the Health Director.
- 9. Owner may choose to surrender the animal to Animal Services at any time to complete the confinement period at Animal Protection Society of Durham.

The decision to allow home confinement will be made by the by the Health Director, or her designee, only after a thorough review of owner's request for home confinement *and* after assuring that the owner understands and agrees to comply by all conditions of home confinement. You will be notified if the request is approved by the Health Director.

My signature on this document indicates that I have read and understand the conditions under which home confinement of my animal may be approved, and that the answers given are truthful. The 10-day confinement period begins on (dates) _____ and will end on _____.

I understand and agree to comply with all the above conditions of home confinement.

Owner's signature

Date

* It is strongly recommended that the owner have the animal examined by a licensed veterinarian at the end of the 10-day home confinement period.

PLEASE EMAIL OR FAX THIS COMPLETED REQUEST TO:

Attention of: Immunization Clinic Nurse – Clinic 6

Durham County Department of Public Health

biteforms@dconc.gov

Phone: 919-560 -7976

Fax: 919-560 -7828