



**PLEASE EMAIL OR FAX THIS
COMPLETED REQUEST TO:
Immunization Clinic Nurse – Clinic 6
Durham County Department of Public Health
biteforms@dconc.gov
Fax: 919-560 -7828**

**REQUEST FOR CONFINEMENT OF BITING ANIMAL AT VETERINARY HOSPITAL
To be completed by animal owner**

The Durham County Health Director may authorize confinement at a veterinary practice/facility 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. You will be notified if the request is approved by the Health Director.

1. The animal is healthy now and exhibiting no signs or symptoms of illness.
2. Owner must obtain **written statement** from a licensed veterinarian indicating willingness to confine the animal for the 10-day period. The statement **must** include the following:
 - letterhead of the veterinary practice/facility,
 - start and end dates of the confinement period,
 - agreement by the veterinary hospital/facility to secure the animal in such a manner as to restrict direct physical contact with other animals or people during the confinement period
 - agreement by the veterinary hospital/facility that the animal will not be vaccinated or given new medications during the confinement period that would mask signs and symptoms of rabies or in any way interfere with the ability to diagnose rabies, if applicable.
 - signature of a veterinarian in the practice/facility
 - agreement by the veterinarian to monitor the animal daily for signs and symptoms of rabies during the confinement period and to notify the Health Director immediately if signs and symptoms of rabies occur. If the animal has not exhibited signs or symptoms of rabies during the confinement period, the animal will be released to the owner at the end of the confinement period.

If request is approved, the owner will be responsible for transportation of the animal to the veterinary hospital and for all costs associated with the animal's confinement.

My signature on this document indicates that I have read and understand the conditions under which confinement of my animal at a veterinary practice/facility 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 confinement.

Owner's signature

Date