



Public Health

Domestic Dogs, Cats exposed to Rabies: 45-day Owner's Control Observation

When the local health director reasonably suspects that an animal required to be vaccinated has been exposed to the saliva or nervous tissue of a proven rabid animal or animal reasonably suspected of having rabies and is currently vaccinated or appropriate documentation of a previous USDA-licensed rabies vaccination, the animal is subject to a 45-day observation period per the 2016 NASPHV Rabies Compendium (<http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf>). The owner of the animal is also required to have the animal seen by a veterinarian for an exposure assessment & wound care (if applicable), and to receive a rabies vaccination booster within 96 hours of exposure.

Conditions for a 45-day observation:

1. At no time during the observation period is the animal to leave the owner's property.
2. The animal is to remain under the owner's strict supervision and control:
 - a. leash walk or fenced yard with immediate personal control
 - b. no boarding or travel unless approved by the local Health department
3. Owner will monitor animal daily for changes in behavior or health. If signs of rabies develop or the animal becomes ill in any way, immediately notify the Durham County Department of Public Health.
4. Animal should have no contact with other animals or people other than the caretaker(s) during the entire 45-day observation period.
5. Animal control will make periodic unannounced visits for compliance with above conditions and to examine the animal. Owner must be readily available at time of visit or respond promptly to any notice left by Animal Services.
6. Any breach of the conditions imposed for home observation will be immediately reported by Animal Services to the Health Director.
7. The animal is officially released at the end of the 45-day observation when determined to be healthy.

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 45-day confinement period begins on (dates) _____ and will end on _____.

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

Owner's signature

Date

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