



Public Health

ANIMAL BITE REPORT FORM Durham County Department of Public Health

Form *must* be completed by Owner and returned to Durham County Department of Public Health.

MAIL OR FAX TO:

Attention of: Immunization Project Manager
Durham County Department of Public Health
414 East Main Street
Durham, NC 27701
Fax: 919-560 -7828

I. Animal and Owner Information			
Species:	Breed/Type:	Name:	
Sex: M F	Color:	Age:	
Current Rabies Tag: Yes No	Tag #:	Wild animal or Pet?	Provoked: Yes No
Date vaccinated:	Expiration:	Veterinarian:	
Owner's Name:	Home Phone:	Cell:	
Address:			
Location of Incident:		Current location of Animal:	
II: To Be Read, Completed, and Signed by Animal Owner			

CONFINEMENT AGREEMENT

In accordance with *N.C. General Statute § 130A-196*, said animal described as:

Dog Cat Ferret (Description) _____ will be confined immediately at the Animal Protection Society of Durham located at 2117 East Club Blvd., Durham, NC 27704, in such a manner as to prevent the suspect animal from possible exposure to any person or animal for a period of ten (10) days commencing immediately, from (dates) _____ to _____. The animal must be retrieved within 24 hours of the end of the confinement period or will become property of Durham County. I acknowledge my responsibility for all costs and charges related to the animal's confinement.

The animal must be confined immediately at the Animal Protection Society of Durham (Animal Shelter) regardless of a pending request for alternative confinement. Failure to immediately confine the animal at the Animal Protection Society, located at 2117 E. Club Blvd., Durham, NC 27704, is punishable as a class 2 misdemeanor pursuant to NC General Statute § 130A-196.

Once the animal is confined at the Animal Protection Society, a written request for alternative confinement at a veterinary hospital/facility or at the owner's home may be submitted to the Health Director. The written request for confinement at a veterinary hospital must include agreement of the veterinary hospital to confine the animal. The written agreement from the veterinary hospital/facility must be on the letterhead of the veterinary hospital/facility, clearly indicate the start and end dates of the confinement period, indicate agreement by the veterinary hospital/facility to abide by all conditions of the confinement, and be signed by a licensed veterinarian on staff at the veterinary hospital/practice. (See REQUEST FOR CONFINEMENT OF BITING ANIMAL AT VETERINARY HOSPITAL which is included in the packet of information provided to you by the Animal Services officer).

A written request for confinement at the owner's home may be considered under certain clearly defined conditions. (See REQUEST FOR HOME CONFINEMENT OF BITING ANIMAL which is included in the packet of information provided to you by the Animal Services officer).

Written requests for alternative confinement will be reviewed by the Health Director, or her designee. Approval by the Health Director for confinement of the animal at a location other than the Animal Protection Society will be granted only if *all* conditions required for alternative confinement are met by the owner.

I have read and understand the conditions under which confinement of my animal must occur.

Owner – Printed Name

Owner – Signature

Date