

Waukesha County Department of Parks and Land Use

Division of Environmental Health

515 W. Moreland Blvd., Rm AC 260, Waukesha, WI 53188

Telephone: 262-896-8300 Fax: 262-896-8298

www.waukeshacounty.gov/humane

VETERINARIAN RABIES OBSERVATION

DATE OF BITE: _____

OWNER'S NAME _____ D.O.B. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

DATE OF RABIES SHOT: _____ TAG# _____ EXP. DATE _____

DESCRIPTION/BREED OF ANIMAL: _____

NAME OF ANIMAL: _____ COLOR (S): _____

PERSON BITTEN: _____ D.O.B. _____

PARENT/GUARDIAN: _____ D.O.B. _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

IF A DOG OR CAT IS SUSPECTED OF BITING A PERSON, THE CUSTODIAN OF AN ISOLATION FACILITY OR THE OWNER SHALL KEEP THE ANIMAL UNDER STRICT CONTROL/ISOLATION UNDER THE SUPERVISION OF A VETERINARIAN FOR AT LEAST 10 DAYS AFTER THE INCIDENT OCCURRED. THIS INCLUDES A MINIMUM EXAMINATION OF THE ANIMAL THE FIRST DAY OF ISOLATION, ON THE LAST DAY OF ISOLATION, AND ONE INTERVENING DAY. IF THE OBSERVATION PERIOD IS NOT EXTENDED AND THE VETERINARIAN CERTIFIES THAT THE ANIMAL HAS NOT EXHIBITED ANY SIGNS OF RABIES, THE ANIMAL MAY BE RELEASED.

NOTE: ANIMALS QUARANTINED AND OBSERVED UNDER THE COUNTY'S LOCAL RABIES CONTROL PROGRAM ARE REQUIRED TO BE EXAMINED BY MEMBER OF THE WAUKESHA VETERINARY MEDICAL ASSOCIATION AT THE END OF THE QUARANTINE PERIOD AND THEN RELEASED FROM QUARANTINE IF THE VETERINARIAN CERTIFIES THE ANIMAL HAS NOT EXHIBITED ANY SIGNS OF RABIES BASED UPON THE COUNTY HUMANE OFFICER OBSERVATIONS AND HIS/HER EXAMINATION.

I, _____ CERTIFY THAT THIS ANIMAL HAS SHOWN NO
(Veterinarian signature)

SIGNS OF RABIES. Observation Date(s) _____
(1) (2) (3)

NAME OF CLINIC:

ADDRESS: _____ TELEPHONE: _____

THIS CERTIFICATE RELEASING THE ANIMAL **MUST** BE SENT TO THE HUMANE OFFICER AT:
WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE, 1320 Pewaukee Road, Waukesha, WI 53188.

NOTE: Dogs over 4 months of age that do not have a current rabies vaccination must be vaccinated for rabies by a licensed veterinarian after release from quarantine.

Date of Vaccination: _____ Rabies Tag Number: _____ **Revised 5/08**