

Please call Waukesha County Rabies Control Program if Client fails to **make** or **keep** vet appointments.
Visit Date Schedule Guide

1) -
2) -
3) -

VETERINARIAN RABIES OBSERVATIONS

DATE OF BITE: _____

OWNER'S NAME _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

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

NAME OF ANIMAL: _____ COLOR (S): _____

DESCRIPTION/BREED OF ANIMAL: _____

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.

I, _____ CERTIFY THAT THIS ANIMAL HAS SHOWN NO SIGNS OF RABIES.
(Veterinarian signature)

Observation Date(s) _____
(1) (2) (3)

NAME OF CLINIC: _____

ADDRESS: _____ TELEPHONE: _____

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, unless euthanized at this visit.

Date of Rabies Vaccination: _____ Rabies Tag Number: _____

Was animal euthanized at this veterinary visit? Yes No

THIS CERTIFICATE RELEASING THE ANIMAL **MUST** BE RETURNED TO:
WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE: faxed to 262-896-8298 or emailed
to animalprogram@waukeshacounty.gov updated 01/2025