



Waukesha County Department of Parks and Land Use
Division of Environmental Health
515 W Moreland Blvd, Room AC 260 Waukesha, WI 53188
Phone: (262)896-8330 Fax: (262)896-8298
www.waukeshacounty.gov/rabies Email: animalprogram@waukeshacounty.gov

Visit Date Schedule:

- 1)
- 2)
- 3)

VETERINARIAN RABIES OBSERVATIONS

Date of Bite: ___/___/___ Time: _____ am/pm Incident Address: _____
Owner Name: _____ D.O.B. ___/___/___ Phone #: _____
Address: _____ Email: _____
City/Village/Town: _____ Zip: _____ Alt Ph#: _____
Location of Quarantine: Home / Other: _____ Name of Animal: _____
Description of Animal: Cat/Dog/Other _____ M / F Sterilized= Y / N Breed: _____
Color/Markings: _____ Age: _____ Weight/size: _____
Rabies Vaccination Date: ___/___/___ Exp. Date: ___/___/___ Rabies Tag #: _____
Dog License #: _____ or Obtain by: _____ Year of License: _____ Tag Color: _____
Name of Vet. or Clinic: _____ Phone#: _____

UNDER THE PROVISIONS OF SECTION 93.07 (10) AND CHAPTER 95 OF THE WISCONSIN STATUTES, YOU ARE HERBY NOTIFIED THAT THE ANIMAL DESCRIBED ABOVE IS ORDERED QUARANTINED FOR A MINIMUM OF 10 DAYS FROM THE BITE AND MAY NOT BE REMOVED FROM THE PREMISES WHERE NOW LOCATED WITHOUT THE WRITTEN PERMISSION OF THE RABIES CONTROL AUTHORITY. **VIOLATION OF THIS ORDER WILL SUBJECT THE OWNER TO A FINE OF NOT LESS THAN \$100 NOR MORE THAN \$1000 OR IMPRISONMENT NOT MORE THAN 60 DAYS OR BOTH.**

I, _____ certify the delivery of said quarantine from the Waukesha County Division of Environmental Health

To **X** _____ (signature of animal owner/ keeper on this date: _____)

Signature of Rabies control Representative: _____ Date: _____

Any person affected by an order of quarantine may make a written request to Waukesha County for administrative review under Sec. 18-154 of the Waukesha County Code. Such request must be delivered to the county board chair's office who will direct it to the Parks and Land Use Department. Such request must be acted upon within 30 days of receipt in the county board chair's office.

First Observation Date

I, _____ certify that this animal has shown no signs of rabies.
(veterinarian signature)

Date: _____ Name of Clinic: _____ Phone#: _____

Second Observation Date

I, _____ certify that this animal has shown no signs of rabies.
(veterinarian signature)

Date: _____ Name of Clinic: _____ Phone#: _____

Third Observation Date & Quarantine Release Examination

I, _____ certify that this animal has shown no signs of rabies.
(veterinarian signature)

Date: _____ Name of Clinic: _____ Phone#: _____

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.

Was animal euthanized at this veterinary visit? Yes No

Veterinarians: Please fax to (262)896-8298 or email to animalprogram@waukeshacounty.gov If you have any questions, please contact 262-896-8330.