



NOTICE OF RESPONSIBILITY TO QUARANTINE ANIMAL FOR RABIES OBSERVATION

To:			
	<u> </u>		
This office has reason to believe that you,	or me	mbers of your family (herein	after referred to
as Respondent), own or have custody of a certain animal,	, the actual identity of which is k	nown to	
(herein after referred to as Witness), which is described as		(name o	of Witness)
2. This office has been advised by the Witness that on or			
or near	(uue)	, bite a victim (which may	or may not be the
or near			J
Witness) on or about the	d/man of Little	<u>_</u> ·	
(body par	t/area of bite)		
3. Rabies exists throughout Oklahoma. The Animal has	the potential to be infected with	and transmit rabies virus.	
vaccination failures and may be infected with the rabies of care and observation until 10 days have elapsed from the are not likely to have been capable of passing the virus w 5. Therefore, in accordance with the OAC 310:599-Zoo O.S. Section 1-508, you are hereby advised of the follows:	e time of the bite. Animals not then the bite occurred. Public he motic Disease Control Rules ado owing responsibility: IMMEDI	showing signs of rabies with alth would thereby not be at a pted by the State Board of H ATELY CONFINE THE	nin 10 days of a bite risk from rabies. Lealth under Title 63 ANIMAL UNDER
THE SUPERVISION OF A LICENSED VETERINA has elapsed from the time of the bite. Immediately notify confined, or if it dies. If the Animal shows signs of rabikilled) and submitted for rabies testing in accordance with	RIAN OR ANIMAL SHELTE y the County Health Department ies within the period of confiner	CR until a period of 240 hour listed above of the location v	s (10 calendar days) where the Animal is
6. If you elect not to pay quarantine charges, you may testing. Please be advised that the owners (or keeper for other fees incurred (such as euthanasia and trancomply may subject you to penalties (see 63 O.S. Section 1).	rs) of the Animal are responsib rsportation fees) but not for F	ole for payment of the cost	of quarantine and
SO NOTIFIED THIS	day of	, 20	
Respondent is electing euthanasia and testing:	(signature of Respondent		(date)
			()
CER I hereby certify, as the County Health Officer (or designe	RTIFICATE OF SERVICE (se), I delivered a true and correct	copy of the above and forego	oing notice for
Animal Quarantine in person to	at	(address notice deliver	1)
on the day of, 20_		(aaaress nonce deuver	eu)
	(signature of t	County Health Officer (or designee)	Serving the Notice)
Enclosure: OAC 310:599. Zoonotic Disease Control			

Oklahoma State Department of Health Protective Health Services