

OFFICIAL OBSERVATION ORDER

Stephenson County Animal Control Department
Stephenson County Court House, Freeport, Illinois 61032
Phone: (815) 235-8276

Date Issued _____

Animal Owner's Name _____ Phone _____

Address _____

The County Rabies Inspector has information that an animal described as;

Breed _____ Name _____, in your possession has bitten:

PERSON BITTEN — Name _____ Age _____ Phone _____

Address _____ Date of Bite _____

Name of Physician (if known) _____

Pursuant to Section 4-9 of the Stephenson County Code, you are hereby notified that your animal has bitten a person or has caused an abrasion to the skin of a person and that pursuant to the Stephenson Code you are hereby directed to immediately take the above named animal to a licensed veterinarian (**if the animal has not been vaccinated against Rabies**) wherein the licensed veterinarian shall confine this animal for a period of ten (10) days from this date, for observation, at which time the licensed veterinarian will report back to the Administrator of the Stephenson County Animal Control.

If, however, your animal is vaccinated against rabies you may, pursuant to the ILCS Chapter 510, Section 5-13, confine this animal in the house of it's owner, or in a manner which will prohibit it from biting any person, for **a period of ten (10) days** if the Administrator or other licensed veterinarian adjudges such confinement as satisfactory. At the end of such ten (10) day confinement, the animal, shall be examined by the Administrator or other licensed veterinarian. However, **evidence must be presented to the Administrator or his agent that such animal was innoculated against Rabies** within the time prescribed by law.

Failure to comply with either of the above regulations will subject you, the owner of this animal, to criminal penalties and fines. In addition the life and well-being of the party bitten is in jeopardy, so you are requested and directed to promptly notify the Administrator of Animal Control as to the status of your animal, and any changes in the status of your animal.

If the animal shows signs of illness during confinement contact your veterinarian immediately.

I HAVE SERVED A COPY OF THE OBSERVATION ORDER UPON THE ABOVE OWNER ON:

(Date)

(SIGNATURE OF ISSUING OFFICER)

VETERINARIANS RELEASE

Condition of animal at end of observation period _____

Laboratory Report _____

Date Released _____

Signature of Veterinarian _____