

OWNER NOT HOME 24 HR. NOTICE ISSUED	DATE	TIME	BY

**CLARK COUNTY -- ANIMAL CONTROL  
ANIMAL BITE REPORT**

OWNER OF ANIMAL: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Animal: \_\_\_\_\_

License: \_\_\_\_\_ Canine \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Origin of Animal: \_\_\_\_\_

Rabies Vaccination:  NO  YES Expiration Date: \_\_\_\_\_

Quarantined At: \_\_\_\_\_ Date: \_\_\_\_\_

Animal's Condition Upon Release: \_\_\_\_\_

Released From Quarantine By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Animal Died: \_\_\_\_\_ Or Killed: \_\_\_\_\_

Date Animal Sent to Lab: \_\_\_\_\_

Lab Report No. \_\_\_\_\_  Dog  Pig  Neg.

**YOUR ANIMAL HAS BEEN REPORTED TO HAVE BITTEN THE PERSON LISTED**

To protect you and the person bitten, you are hereby required to isolate the animal in such a way it cannot contact any person or animal not already exposed. This animal must remain in quarantine until examined and released by an Animal Control Officer; if the animal becomes sick or dies, IMMEDIATELY notify Animal Control. The animal may not be removed from the premises without permission from Animal Control.

**REASON FOR QUARANTINE:** The subsequent health and behavior of the biting animal is very useful in making the decision whether or not the bitten person should receive vaccine treatment. A vaccinated animal may reduce his virulence and correct rabies.

I have read, fully understand, and abide by these provisions. I also am aware that any violation of the QUARANTINE may lead to prosecution.

NOTE: Agreement to quarantine is not admission of liability or guilt.

OWNER'S SIGNATURE: \_\_\_\_\_

PERSON BITTEN: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Bitten: \_\_\_\_\_ Time: \_\_\_\_\_

Address Where Bitten: \_\_\_\_\_

Part of Body Bitten: \_\_\_\_\_

Extent of Bite: \_\_\_\_\_

How Bite Occurred: \_\_\_\_\_

Treated By: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Report By: \_\_\_\_\_ Phone: \_\_\_\_\_

Report Received By: \_\_\_\_\_

Victim Contacted:  YES  NO Yes Time

CCAC #: \_\_\_\_\_

DACC #: \_\_\_\_\_ CAGE #: \_\_\_\_\_ Sign Postcard

INVESTIGATING OFFICER: \_\_\_\_\_

**ANIMAL WILL BE EUTHANIZED IF NOT CLAIMED  
AT END OF QUARANTINE!**

## **Animal Control Section**

### **Environmental Control & Management Division**

4800 WEST DEWEY DRIVE  
LAS VEGAS, NEVADA 89118  
(702) 455-7710

## **Dewey Animal Care Center**

4800 WEST DEWEY DRIVE  
LAS VEGAS, NEVADA 89118  
(702) 873-3455

### HOURS

11 A.M. -- 6 P.M. • Tuesday -- Saturday  
11 A.M. -- 4 P.M. • Monday  
Closed on Sundays

### **SECTION 10.28.030 & 10.28.040 Quarantine or Impounding of Biting Animals**

**Vaccinated:** If the biting animal has been properly vaccinated against rabies, it shall be the duty of the owner of said animal to confine such animal securely for a period of ten (10) days in keeping with directions from the animal regulation officer and to post such quarantine notice as may be required by the animal regulation officer. In the event such animal develops any illness during such period of time, the owner must promptly notify a licensed veterinarian who shall make such examination as he deems necessary and report to the animal regulation officer in the event said animal is deemed to have rabies, and said animal shall be handled in accordance with the provision hereof.

**Unvaccinated:** In the event the biting animal has not been vaccinated against rabies, said animal shall be confined at the owners' expense in either the animal quarters of a licensed veterinarian or in the Animal Control Center for a ten (10) day period of observation. Such animal shall not be released before suitable provisions for vaccination and licensing have been made as set forth in this title.