LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Animal Control
Home Observation Agreement
Please Return to: Animal Control, 3140 N Street, Lincoln, NE 68510

<table>
<thead>
<tr>
<th>Name of Owner</th>
<th>Address of Owner</th>
<th>Date of Birth</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Animal</td>
<td>Tag #</td>
<td>Sex</td>
<td>Breed</td>
</tr>
<tr>
<td>Date Bite Occurred</td>
<td>Rabies Revaccination Date</td>
<td>Veterinarian</td>
<td></td>
</tr>
</tbody>
</table>

1. My animal has: ☐ current license; ☐ rabies vaccination; or ☐ is under three months of age or has veterinary exemption.

2. I agree to confine my animal to a building or pen that can be kept locked. **This quarantine period prohibits the animal from coming into contact with other humans or animals.**

3. If removed from the building or pen, I will keep my animal on a leash, and on my property.

4. If my animal escapes, I will notify Animal Control immediately. (Phone 441-7900)

5. In the event my animal shows any symptoms of illness, or dies, I will turn it over immediately to a veterinarian and notify Animal Control.

6. During the period of observation, I agree to permit examination of my animal by a veterinarian, as required by Animal Control.

7. After the tenth day of observation, I agree to permit examination of my animal by a veterinarian who will sign the release below.

8. Observation may be terminated by the Health Director only after an examination is made by a veterinarian following the tenth day of observation.

9. I understand any violation of this agreement will require my animal to be immediately placed with a veterinarian for the duration of the observation period, and I hereby agree to do so.

10. I herewith agree to pay any boarding and/or examination fees which may be incurred as a result of this agreement.

11. **Animal must be examined by a veterinarian on:**

   Date ___________________________ Time ___________________________

   **I agree to notify Animal Control of veterinarian examination within 24 hours of examination.**

   I, the undersigned, have read and agree to accept and abide by the above stated rules and deposit $25 in ☐ cash, ☐ check, or ☐ ______________, to Animal Control. Violation of this agreement will result in forfeiture of the deposit and issuance of a court citation.

   **I also will return this form within five days after completion of the quarantine with the veterinarians’s signature to obtain a refund of deposit. Failure to return this form within the five days will be cause for forfeiture of deposit.**

   Deposit will be forfeited on ___________________________.

   Owner’s Signature ________________________ Date ________________ Animal Control Officer ________________________ Date ________________

Veterinarian Statement

This animal was examined by me on: ___________________________

Condition of the animal __________________________________

_________________________________________________________

Veterinarian’s Signature ________________