LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Animal Control
Home Observation Agreement

Call # _____

Case # _____

Please Return to: Animal Control, 3140 N Street, Lincoln, NE 68510

Name of Owner	Address of Owner		Date of Birth	Phone Number
Name of Animal	Tag #	Sex	Breed	Color
Date Bite Occurred	Rabies Revaccination Date	Veterinarian		

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 _____