



PINAL COUNTY ANIMAL CARE AND CONTROL

E. Jane Decker, CPM Director

RECEIPT OF HOME QUARANTINE

ACR NO. _____ ANIMAL NO. _____
LICENSE NO. _____ MICROCHIP NO. _____
Starting Date of Quarantine ____/____/____ Starting Time _____
Ending Date of Quarantine ____/____/____ Ending Time _____
Vaccination Information _____ Exp. Date ____/____/____
Breed _____ Sex ____ Age ____
Color _____
Ears ____ Coat ____ Tail ____ Collar _____
Location and Description of Quarantine Area _____

Owner _____ Phone No. _____
Address _____ City _____

I, _____, hereby agree to maintain my animal in quarantine as prescribed by PCAC&C. I further agree to make my animal available for health inspections during the ten (10) day quarantine period.

If my animal is found to be in violation of the quarantine I understand that the quarantine period will start over and that my animal will be quarantined at a PCAC&C facility or at a veterinary facility of my choice and at my expense.

I shall notify PCAC&C of any changes in the condition of my animal while in quarantine. Pursuant to the current Pinal County Animal Control Ordinance and ARS 11-1014.A

** LISTED BELOW ARE SOME OF THE CLINICAL SIGNS OF RABIES **

- paralysis, stupors
- loss of appetite
- unusual vocalizations
- biting at itself or others
- excessive salivation
- fever
- temperament changes
- restlessness
- trouble walking (staggering, unsteadiness)
- tremors, convulsions
- unprovoked aggression

**** THESE SIGNS MAY BE SUBTLE OR OBVIOUS ****

Owner/Owners Agent

Officer