



**PINAL COUNTY
ANIMAL CARE AND CONTROL**

E. Jane Decker, CPM Director

RECEIPT OF RABIES OBSERVATION 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 of Quarantine _____
Owner _____ Phone No. _____
Address _____ City _____

I, _____, as the owner or owner's agent, hereby release to PCAC&C the animal described above for rabies observation quarantine.

This animal will be in quarantine for a period not less than ten (10) days as required by Pinal County Animal Control Ordinance 42303 Section 1009 A or B and ARS 11-1014.A or as mandated in the State of Arizona Manual of Rabies Control Bite Management.

**FEES ARE DUE AT THE TIME OF RELEASE
FAILURE TO PAY MAY RESULT IN COURT ACTION**

Quarantine fees are listed as follows:

Owner transports to shelter	\$25.00
Officer transports to shelter	\$50.00
Daily maintenance fee	\$15.00 (including weekends and holidays)

Any and all fees incurred during the quarantine period.

I have the option of quarantining my animal at a veterinary facility. If I choose to quarantine my animal at a veterinary facility I have been made aware that all fees are due at the time of impound.

Owner/Owner's Agent

Officer