



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