



## Home Quarantine/Isolation Agreement

10-Day Quarantine

45-Day isolation

90-Day Isolation

*Please initial each requirement. Quarantines are required for bites. Isolations are required for rabies exposure.*

Owner/Caretaker Name: _____	Phone #: _____		
Quarantine Address: _____			
Animal Name: _____	Breed: _____	Male/Female	Color: _____
Weight: _____	Age: _____		

***The following criteria shall be required during any quarantine/isolation period.***

___	1. During the entire quarantine/isolation period the animal must be confined in an anti-escape enclosure to prevent escape and contact with other animals and humans.
___	2. If the animal becomes ill, dies (do not dispose of the body) escapes while on <u>rabies</u> quarantine, immediately contact Joshua Animal Services (817)774-9450. If after hours, you shall contact the Johnson County Sheriff's Non-Emergency Number (817)556-6060.
___	3. Under no circumstances is the animal to be moved from the approved address.
___	4. While on rabies quarantine, the animal may not receive an anti-rabies vaccination.
___	5. An animal control officer must observe the animal at least on the first day and on the last day of quarantine/isolation.
___	6. Release from quarantine/isolation must be made by a Joshua Animal Control Officer.
___	7. The animal must be current on rabies vaccination and must not be running at large at the time of the bite.

<b><i>10-Day Quarantine</i></b>	
First Day of Quarantine: _____	Start Time: _____
Last Day of Quarantine: _____	End Time: _____

**Instructions and requirements of home confinement:**

- Your pet may not leave your property except to go to the veterinarian.
- Contact Joshua Animal Services if you notice any changes in the health and/or behavior of your pet.
- Your pet must be maintained on the property indoors and kept away from all other pets and humans with the exception of the caregiver.
- Animal Control or a vet must observe the pet on at least the first and last day of confinement.

<b><i>45-Day Confinement</i></b>		
First Day of Quarantine: _____		Start Time: _____
Last Day of Quarantine: _____		End Time: _____
<b>Rabies Boosters</b>		
Booster #1: _____	Booster #2: _____	Booster #3: _____

<b><i>90-Day Confinement</i></b>		
First Day of Quarantine: _____		Start Time: _____
Last Day of Quarantine: _____		End Time: _____
<b>Rabies Boosters</b>		
Booster #1: _____	Booster #2: _____	Booster #3: _____
<b><i>*Proof of rabies booster must be provided to Joshua Animal Services with each booster.</i></b>		

Any violation of the home quarantine/isolation agreement shall result in the immediate revocation of the home quarantine/isolation approval. I have read, understand, and agree to the requirements of this agreement.

\_\_\_\_\_  
Signature of Owner/Caretaker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer Requesting Home Quarantine

\_\_\_\_\_  
Date

Approved for home quarantine/isolation: <input type="checkbox"/> Yes or No <input type="checkbox"/>	
Releasing Animal Control Officer: _____	Officer Signature: _____ Date Released: _____