

# ATTACHMENT 5



## Massachusetts Department of Agricultural Resources Bureau of Animal Health

### NOTICE OF POSSIBLE EXPOSURE TO RABIES AND QUARANTINE ORDER

This order is enforceable under Chapter 129; section 21, 330 CMR 10.00.

Your pet may have been exposed to rabies as a result of recent exposure to wildlife or a high-risk domestic animal.

Your animal is being quarantined due to (check appropriate exposure category):

- 1) \_\_\_\_\_ Direct contact with a confirmed rabid animal (confirmed by the State Rabies Lab)
- 2) \_\_\_\_\_ Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- 3) \_\_\_\_\_ A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- 4) \_\_\_\_\_ A proximity exposure to a confirmed rabid animal (confirmed by the State Rabies Lab)

If your animal is unvaccinated, you are urged to have it euthanized (unless animal was only exposed by proximity).  
If you do not, you are hereby ordered to (check appropriate measure):

- \_\_\_\_\_ Isolate your pet for 3 months, followed by 3 months of strict confinement.  
Vaccinate the animal 1 month prior to release.
- \_\_\_\_\_ Strictly confine your pet for 6 months. Vaccinate the animal 1 month prior to release.  
(If animal was only exposed by proximity, vaccinate immediately).

If your animal is currently vaccinated, you are hereby ordered to:

- \_\_\_\_\_ Vaccinate your pet immediately followed by 45 days strict confinement.

You are to inform your veterinarian immediately of any unusual behavior or change in the health status of this animal. Any animal which dies while under quarantine shall be submitted for rabies testing.

\_\_\_\_\_ Animal was euthanized Date of exposure: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Type of animal: [Dog \_\_\_\_] [Cat \_\_\_\_] [Other \_\_\_\_](specify) \_\_\_\_\_

Name of animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of last rabies vaccination: \_\_\_\_\_ Vaccination: [1yr \_\_\_\_] [3yr \_\_\_\_] [unknown \_\_\_\_]

Date of booster vaccination (given to current vaccination only): \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Animal Inspector: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature of Animal Inspector (required) \_\_\_\_\_ Date \_\_\_\_\_

See back side of this document for explanation of terms and signs of rabies.

I hereby agree to the requirements on both sides of this document and I agree to follow the provisions described in it.

Signature of \_\_\_\_\_ other person responsible

Refused to sign, but order was issued  
Animal Inspector please initial if not signed