NOTICE OF POSSIBLE EXPOSURE TO RABIES AND QUARANTINE ORDER

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.

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: __________________________ Date of booster vaccination (given to current vaccinates only): __________________________

Name of veterinarian: __________________________ Phone number: (_______)

Name of Animal Inspector: __________________________ Phone number: (_______)

Signature of Animal Inspector (required) __________________________ Date ________________

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

I hereby certify that I have read both sides of this document and I agree to follow the provisions described in it.

Signature of owner or other person responsible __________________________ Refused to sign, but order was issued __________________________ Animal Inspector please initial if not signed

White Copy - Owner / Pink Copy - Bureau of Animal Health immediately / Yellow Copy - Bureau of Animal Health after release

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