

Rabies Prevention: 406-868-4392
You may call or text.



Fax completed form to
406-761-9898
or 406-454-6959

Victim Last Name: _____

CFS # / IR #: _____

Attn: _____
Assigned Sanitarian

Isolation and Observation Agreement

The Administrative Rules of Montana, the Cascade County Dog Control Ordinance and/or Title 6 of the City of Great Falls Ordinances require a 10-day post bite isolation and observation period for your pet. **The day of the bite is Day Zero.**

If you choose to **euthanize** your pet before the 10-day isolation period has ended, a **specimen must be submitted** to the lab for rabies testing to rule out a potential human exposure. All associated fees will be the pet owner's responsibility.

Date of bite: _____ **Day 10:** _____ **Rabies Vaccination Status:** Current / Due / Unknown
Expiration Date: _____

Animal Information: Dog / Cat / Ferret Name: _____
Male / Female Intact: Y / N Age: _____ Breed: _____
Color(s)/Markings: _____

The circumstances of the incident indicate that the isolation and observation will take place at: (check one)

- Your home in a manner to isolate your pet from people and animals that are not the usual members of your household. Please limit your pet's time outside and make sure he/she is leashed or in your securely fenced yard. **You must contact a veterinarian immediately if your pet becomes ill, dies, or has any changes in behavior or eating habits. Then call CCHD Rabies Prevention at 406-868-4392.**

Address of Quarantine Location: _____

- A veterinarian's clinic, animal shelter, or boarding facility. Please provide a copy of this agreement to the facility.
Name of facility: _____ Date taken in: _____

The Veterinarian/Approved Person performing the Health Check will be: _____

Date of the Health Check appointment: _____

Owner's Name: _____ Phone/Email: _____

Owner's Signature: _____ Date: _____

CCHD/LEO/ACO Signature: _____ Date: _____

Release from Isolation and Day 10 Health Check

If your pet is **not current** on rabies vaccination(s), he/she must be taken to a Veterinarian for vaccination administration and release from isolation. The vaccination cannot be administered during the 10-day isolation.

If your pet is **current** and the circumstance of the bite warrant, the Day 10 Health Check by a Veterinarian may be waived. Law enforcement, Animal Control, Brand Inspector, Vet Tech or other Approved Person may release your pet from isolation if approved by CCHD.

I, _____ (print name and title),
examined the above referenced animal on ____/____/20__ and declare it to be free of clinical signs of rabies.

- Check here if rabies vaccination was also administered that day

Signature: _____ Date: _____