



CITY OF FERNLEY
ANIMAL CONTROL
595 SILVER LACE BLVD.
FERNLEY, NV. 89408
775-784-9801

ANIMAL BITE REPORT

Case #: _____ Date: _____ Officer: _____

Victim: _____ D.O.B.: _____

Address: _____

Phone #: (H): _____ (W): _____ (C): _____

Parent / Guardian Name: _____

Address where bite occurred: _____

How bite occurred: _____

Date & Time bite occurred: _____

Medical treatment required	Yes	No
Medical report attached	Yes	No
Skin Broken	Yes	No

Hospital & Physicians name: _____

Signature of victim / reporting party

Driver Lic #

Date

Comments: _____

Officer Comments: _____

QUARANTINE NOTICE

CITY OF FERNLEY ANIMAL CONTROL, 595 SILVER LACE BLVD. FERNLEY, NV. 89408, 775-784-9801

Animal Owner: _____ Phone #: _____ D.L. #: _____
Address: _____
Animal Name: _____ Species: _____ Breed: _____
Age: _____ Sex: _____ Natural or Altered _____ Color: _____
Animals Behavior Health: _____
Animal License #: _____ Rabies Vaccination Date: _____ Chipped: **Y** or **N**
Veterinarian: _____ Phone #: _____

Quarantine Date: _____

Quarantine Location:

Home Lyon County Animal Shelter Other _____
3705 U.S. 50 _____
Silver Spring, NV. 89429 _____
(775) 577-5005 _____

I FULLY UNDERSTAND THE QUARANTINE REGULATIONS AND AGREE TO MY ANIMAL BEING CONFINED FOR THE REQUIRED PERIOD OF TIME. I FURTHER AGREE TO COMPLY WITH ANY ADDITIONAL MEASURES THAT MAY BE REQUIRED AND TO NOTIFY THE CITY OF FERNLEY ANIMAL CONTROL, IF MY ANIMAL SHOWS ANY SIGNS OF ILLNESS. CONFINEMENT MEANS RESTRICTION OF AN ANIMAL TO A SECURE ENCLOSURE WITH ISOLATION FROM OTHER ANIMALS AND PERSONS, EXCEPT FOR THE CONTACT NECESSARY FOR ITS CARE.

F.M.C. 6.01.07(C) QUARANTINE OF BITING ANIMALS:

The rabies control authority shall cause a dog or cat, regardless of current vaccination against rabies, which has bitten a person to be quarantined and observed for ten (10) days following the bite under the supervision of a licensed veterinarian or other person designated by the rabies control authority. The observation must be within an enclosure or with restraints deemed adequate by the rabies control authority to prevent direct contact with a person or animal. The dog or cat must be examined by a licensed veterinarian at the first sign of illness during the ten (10) days of observation. Any illness must be reported immediately to the rabies control authority. If signs of rabies develop during the ten (10) days of observation the dog or cat must be euthanized for testing. If at the end of the quarantined period, the animal is free of all signs of rabies, the animal must be returned to its owner upon payment of all costs of quarantine and veterinary care and examination.

Signature of Owner or Custodian Date

***** OFFICIAL USE ONLY *****

ANIMAL MUST BE EXAMINED BY VETERINARIAN OR OTHER AUTHORIZED AGENT ON RELEASE DATE.
I certify that the above described animal was examined by me and appears to be free of any symptoms of rabies, to the best of my knowledge and belief.

Examination Method: Physical Visual Reason: _____

Veterinarian or Authorized Agent Clinic Date