

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

_____ Effective _____
(County) (Date)

Specify the Area or Jurisdiction for Which this Statement is Made

In accordance with Section 121585 and 121690 of the California Health and Safety Code, and upon the declaration of the Director of Public Health that all California counties are "Rabies Areas", the following statutory and regulatory programs must have continued enforcement in your jurisdiction:

1. The owner of every dog over four months of age shall ensure that their animal is currently vaccinated for rabies and licensed. Dogs less than four months of age must be kept at home, or supervised on leash.
2. An animal/rabies control program must be implemented on a county-wide basis to include an animal pound system, animal bite reporting, and stray animal control.
3. The county and or city shall provide or arrange for "Actual Cost" canine rabies vaccination clinics. The Department of Public Health approved "actual cost" vaccination fee in 2009 is \$6.00 per dog.
4. The county and or city shall conduct a rabies control program (rabies investigations, animal quarantines, etc.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations.

PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM

Person responsible for conducting the Rabies Control Program in the jurisdiction or area:

Endorsement by local Health Officer or authorized representative:

Date: _____

Date: _____

Signature: _____

Signature: _____

Name (print): _____

Name (print): _____

Title: _____

Title: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Local Health Departments: Please forward the **endorsed** form to the Department of Public Health, Veterinary Public Health Section, MS 7308, P. O. Box 997377, Sacramento, CA 95899-7377, Telephone (916) 552-9740, Fax (916) 552-9725

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2008

Jurisdiction for which this report is made:

Note: If report for any item is "none" or "zero", so indicate		NUMBER	
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held		
	B. Number of animal control citations issued for rabies vaccination and licensing violations		
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics		
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics		
E. Total number of dogs and cats LICENSED in jurisdiction			
CANINE AND FELINE RABIES CONTROL	F. Dogs and cats on hand in the shelter January 1, 2008 (carried over from 2007)		
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)		
	1. Dogs and cats captured by Animal Control Officers		
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)		
	3. Dogs and cats surrendered by the public G1 THROUGH G5		
	4. Dogs and cats impounded for animal bite quarantines ARE		
	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE		
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
	1. Dogs and cats reclaimed by owner		
	2. Dogs and cats adopted by new owners H1 THROUGH H6		
	3. Dogs and cats euthanized ARE		
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE		
	5. Dogs and cats stolen, escaped, etc.		
	6. Dogs and cats transferred to another shelter		
	I. Dead dogs and cats collected (excluding F, G and H above).		
J. Dogs and cats on hand in the shelter December 31, 2008 (carried over to 2009)			
ANIMAL BITE REPORTING	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
		Dogs	Cats
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)		
	a. Licensed		
	b. Vaccinated only		
	c. Neither licensed or vaccinated (but owned)		
	d. Strays		
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)		
a. Other domestics (excluding cats)			
b. Wild			

Please Complete Reverse

CDPH, DCDC, VPHS 2008

NUMBER

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		Dogs	Cats
ANIMAL QUARANTINES	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	
	M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	
	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals	
	O.	Number of 30 day or 6 month quarantines not completed because animals were euthanized	
AGENCY ADMIN	P.	Number of animal control officers employed in jurisdiction	
	Q.	Name of agency or organization responsible for rabies control activities in this jurisdiction: _____ Address: _____ Phone: _(____)_____	

Completed by:

Signature: _____

Name (print): _____

Title: _____

Agency: _____

Telephone: _____

Email: _____

Endorsement by local Health Officer or
authorized representative:

Signature: _____

Name (print): _____

Title: _____

Agency: _____

Telephone: _____

Email: _____

AFTER ENDORSEMENT
PLEASE FORWARD COMPLETED FORM TO:

California Department of Public Health
Veterinary Public Health Section
MS 7308
P. O. Box 997377
Sacramento, CA 95899-7377

PHONE: (916) 552-9740
FAX: (916) 552-9725