

Warren County Animal Control
1360 S Main St
Monmouth, IL 61462
Office: 309-431-2908
Dispatch: 309-734-8383
Email: warrencountyanimalcontrol@warrencountyil.gov

BITE QUARANTINE RELEASE FORM

Owner Information:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Animal Information:

Name: _____ Dog: ____ Cat: ____

Breed: _____ M ____ MN ____ F ____ FS ____

Color: _____ Age: _____

Rabies Vaccination Date: _____ Tag #: _____

Examination Day 1:

Date: _____ Comments: _____

Clinic Name: _____

Vet Signature: _____

Findings: _____

Examination Day 10:

Date: _____ Comments: _____

Clinic Name: _____

Vet Signature: _____

Findings: _____

Please email information or return with rabies certificate pick-up, thank you.

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Bite Report

Case Number: _____ Bite Report Number: _____
Date of Bite: _____ Time: _____
Address Bite Occurred: _____
Date of Report: _____ Reported by: _____ Phone: _____

Bite Victim:

Name: _____ Sex: ____ DOB: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian's Name if Minor: _____ DOB: _____

Area of Body Bitten: _____ Degree of Bite: Light:___ Moderate ___ Severe ___

Describe Wound: _____ Treatment: _____

Hospital/Doctor: _____ Phone: _____

Circumstances of Bite:

Was animal running at large? Yes__ No ___

Animal Owner:

Name: _____ DOB: _____ Phone: _____

Address: _____ City/Zip: _____

Animal Data:

Name: _____ Dog: ____ Cat: ____ Other: _____ Breed: _____

Color: _____ Size: _____ Male: ____ Female: ____ Neutered: ____ Spayed: ____

Veterinarian: _____ Rabies Date: _____ Tag #: _____

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Notification of Home Bite Quarantine Procedures:

1. Your animal has been identified as having bitten a person. Illinois State Law requires the animal be quarantined for ten (10) days to determine if it has rabies. Owners of animals currently vaccinated against rabies may quarantine their pet at home if approved and if the following conditions are met:
 - a. Animals must be kept inside a secure, confined enclosure in which the animal cannot come in contact with other animal or people. Only members of the immediate family may come in contact with the animal during the quarantine period.
 - b. The animal may only be outside to relieve itself on your own property and while outside must be restrained on a leash and accompanied by a competent person at all times. Keeping the animal chained, in a kennel or in a fenced yard is a violation of law during the ten (10) day quarantine period.
2. At the end of the ten (10) day quarantine period, you must take your animal to a veterinarian to be examined for rabies. The Bite Quarantine Release Form supplied to you must be signed by the veterinarian and returned to our office within 72 hours of the tenth day.
3. Your animal must be examined on this date: _____

DO NOT HAVE THE ANIMAL VACCINATED AGAINST RABIES BEFORE THE TEN (10) DAY QUARANTINE PERIOD HAS ENDED.

1. If the animal should die for any reason during the ten-day quarantine period, the body should be taken immediately to the animal shelter or call animal control at 309-431-2908 or 309-734-8383. If the animal is found running loose, bites another person, or is found to be violation of these conditions, the animal will be impounded to the shelter or veterinarian. All costs of the impoundment and fines will be borne by you as the owner.
2. YOU ARE HEREBY NOTIFIED that Warren County Animal Control Administrator and/or Warren County Animal Control Officer may conduct an investigation to determine if your dog is dangerous pursuant to Illinois Animal Control Act. You are entitled to participate in this investigation. If you wish to offer information about your dog and/or this incident, you must contact Animal Control Administrator or Animal Control Officer at 309-431-2908 or 309-734-8383, no later than the end of the quarantine period to schedule an appointment.
3. Illinois law provides for a \$25-\$250 fine for violating any of these provisions.

If you have any questions, please feel free to call the shelter/office at 309-431-2908 or 309-734-8383.

Warren County Animal Control
HOME OBSERVATION AGREEMENT

Name of Owner: _____ DOB: _____

Address: _____

Phone: _____ DL#: _____

Name of Animal: _____ Breed: _____

Description of Animal: _____

Date Bite Occurred: _____ Rabies Tag#: _____

Starting Date of Quarantine: _____ Ending Date of Quarantine: _____

I _____ do hereby agree to adhere to the rules of home quarantine. I agree to comply with the following rules, which are indicated by a circle that will apply to the quarantining of my animal for a period of ten (10) days. The quarantine period prohibits the animal from coming into contact with other humans or animals.

- 1. Animal shall be maintained inside the residence at all times.**
- 2. Animal shall be maintained inside the garage at all times.**
- 3. Animal shall be maintained behind a fence and on a chain at all times.**
- 4. Animal shall be maintained inside an approved kennel. Must be kept locked at all times.**

- Animal shall not be removed from the specified site for any reason except where ordered to do so by the Animal Control Officer or Administer.
- Animal shall not be vaccinated for rabies or given any medication or treatment for condition during the quarantine period (unless approved by DVM).
- In the event the animal shows any symptoms of illness, or dies, I will turn it over immediately to a veterinarian and notify Animal Control.
- If my animal escapes, I will notify Animal Control immediately. (Phone: 309-734-8383 or Office Phone: 309-431-2908)
- I understand any violation of this agreement will require my animal to be immediately placed with a veterinarian for the duration of the observation period, and I hereby agree to do so.
- I herewith agree to pay any boarding and/or examination fees which may be incurred as a result of this agreement.
- I agree to allow the Animal Control Officer access to my animal under the guidelines of quarantine procedures to make routine checks of the animal's health and condition.

Signature of Owner: _____

Date: _____

Rebecka Livingston
Warren County Animal Control Officer

Date: _____