

Santa Barbara County Animal Services Bite and Quarantine Report

VICTIM Person P	DEPARII					Bite # B Release Date		
Victim's Name								
Victim's Name			VICTIM _					
Home Phone	Victim's Name							
Date/Time of Injury	Street Address		City_					
Date/Time of Treatment Part of Body Injured Extent of Injury Treatment Given Treatment Given Treatment Garment	Home Phone	V						
Extent of Injury	Date/Time of Injury	L	ocation Occ	urred				
Treatment Reported By_ Received by Animal Services Date/TimeAS Staff Name	Date/Time of Treatment	P	art of Body	Injured				
Circumstances OWNER Owner's Name Person P Animal A Name Street Address City State/Zip Home Phone Work Phone Color Age Sex License# License Exp. Date Rabies Exp. Date Vet Name Citation Number of Prior Bites Written Warnings Vicious Dog Letter QUARANTINE Quarantine at Date/Time Quarantined By Disposition Date/Time of Disposition By Victim Notified Via (Telephone, mail. in person) ORDER OF ISOLATION OF BITING ANIMAL As required by Section 121580, California Health & Safety Code, Section 7-23, Santa Barbara County Code. It is Hereby of that the animal described above be isolated for quarantine until released by Santa Barbara County Animal Services. Said shall be placed in strict confinement upon the private premises of the owner and kept in such a manner as to prevent anoth during the Quarantine period. This order served in person. Additional quarantine instructions I, acknowledge ownership/custodianship of the animal described above that I understand all the quarantine provisions. If this animal escapes, becomes sick or dies, I will notify Animal Services IMMED Signature (Owner) I, hereby certify that the above animal has been released following th quarantine period and is alive and apparently healthy. Signature (Animal Services Staff)	Extent of Injury	T	reatment Gi	ven				
OWNER Owner's Name Person P Animal A Name Street Address City State/Zip Home Phone Work Phone Cell Phone Animal Description - Type Breed Color Age Sex License# License Exp. Date Rabies Exp. Date Vet Name Citation Number of Prior Bites Written Warnings Vicious Dog Letter QUARANTINE QUARANTINE Quarantine at Date/Time Quarantined By Disposition Date/Time of Disposition By Victim Notified Via Victim Notified By Date (Telephone, mail, in person) ORDER OF ISOLATION OF BITING ANIMAL As required by Section 121580, California Health & Safety Code, Section 7-23, Santa Barbara County Animal Services. Said shall be placed in strict confinement upon the private premises of the owner and kept in such a manner as to prevent anoth during the Quarantine period. This order served in person. Additional quarantine instructions I, , , acknowledge ownership/custodianship of the animal described above that I understand all the quarantine provisions. If this animal escapes, becomes sick or dies, I will notify Animal Services IMMED Signature (Owner) I, , hereby certify that the above animal has been released following the quarantine period and is alive and apparently healthy. Signature (Animal Services Staff)	Treated By	T	reatment Re	eported By				
Cowner's Name Person P Animal A Name Street Address City State/Zip Home Phone Work Phone Cell Phone Animal Description - Type Breed Color Age Sex License Exp. Date Rabies Exp. Date Vet Name Citation Number of Prior Bites Written Warnings Vicious Dog Letter QUARANTINE QUARANTINE Quarantine at Date/Time Quarantined By Disposition Date/Time of Disposition By Victim Notified Via (Telephone, mail, in person) ORDER OF ISOLATION OF BITING ANIMAL As required by Section 121580, California Health & Safety Code, Section 7-23, Santa Barbara County Code. IT IS HEREBY Of that the animal described above be isolated for quarantine until released by Santa Barbara County Animal Services. Said shall be placed in strict confinement upon the private premises of the owner and kept in such a manner as to prevent anoth during the Quarantine period. This order served in person. Additional quarantine instructions I,, acknowledge ownership/custodianship of the animal described above that I understand all the quarantine provisions. If this animal escapes, becomes sick or dies, I will notify Animal Services IMMED Signature (Owner) I,, hereby certify that the above animal has been released following th quarantine period and is alive and apparently healthy. Signature (Animal Services Staff)	Received by Animal Service	es Date/Time		AS Staff N	Name			
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Street Address			OWNER _					
Home Phone	Owner's Name	Per	son P	Animal A	\	_ Name		
Animal Description - Type	Street Address		City_			State/Zip)	
License#License Exp. Date	Home Phone							
Citation	Animal Description - Type_	Breed		Color		Age	Sex	
QUARANTINE Quarantine at	License#	License Exp. Date	Rabies	Exp. Date	Vet N	Name		
Quarantine at	Citation	Number of Prior Bite	sW	ritten Warnings		Vicious Dog Le	etter	
Disposition		QU	ARANTII	NE				
Disposition	Quarantine at	Date/Time Quaranti	ned		Ву			
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Signature (Animal Services Staff)				Sigr	nature (Owner)	Date	
Signature (Animal Services Staff)	I,	,	nereby certif	fy that the above	animal has	been released fol	lowing the require	
	quarantine period and is ali	ve and apparently healthy.						
		TESTING	INFOR	· ·	,	·	Date	
Lab # Priority # Date Sent to Lab Test Results Date Received								

Santa Barbara (805) 681-5285 Fax (805) 681-5283 Lompoc (805) 737-7755 Fax (805) 737-7757 Santa Maria (805) 934-6119 Fax (805) 934-6326