



Santa Barbara County Animal Services Bite and Quarantine Report

Activity # A _____ Bite # B _____
Release Date _____

VICTIM

Victim's Name _____ Person **P** _____ DOB _____ Parent/Guardian _____
Street Address _____ City _____ State/Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Date/Time of Injury _____ Location Occurred _____
Date/Time of Treatment _____ Part of Body Injured _____
Extent of Injury _____ Treatment Given _____
Treated By _____ Treatment Reported By _____
Received by Animal Services Date/Time _____ AS Staff Name _____
Circumstances _____

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 at _____ Date/Time Quarantined _____ By _____
Disposition _____ Date/Time of Disposition _____ By _____
Victim Notified Via _____ Victim Notified By _____ Date _____
(Telephone, mail, in person) (Staff 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 ORDERED** that the animal described above be isolated for quarantine until released by Santa Barbara County Animal Services. Said animal shall be placed in strict confinement upon the private premises of the owner and kept in such a manner as to prevent another bite during the Quarantine period. This order served in person.

Additional quarantine instructions _____

I, _____, acknowledge ownership/custodianship of the animal described above and certify that I understand all the quarantine provisions. If this animal escapes, becomes sick or dies, I will notify Animal Services **IMMEDIATELY**.

Signature (Owner) Date

I, _____, hereby certify that the above animal has been released following the required quarantine period and is alive and apparently healthy.

Signature (Animal Services Staff) Date

TESTING INFORMATION

Lab # _____ Priority # _____ Date Sent to Lab _____ Test Results _____ Date Received _____

The HIPAA Privacy Rule allows for the existing practice of sharing PHI with public health authorities that are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public. Sharing PHI with public health authorities is addressed in **§164.512** of the HIPAA Privacy Rule and **Title 17 CCR 2606** of the California Code of Regulations.

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