

Refusal of Rabies Testing on a Pet Animal

I understand my pet has bitten me and the Health Department requires my pet be placed in 10-day confinement (at home or at my own expense). The purpose of the confinement is to determine whether my pet shows signs of rabies.

I understand that if I refuse to place my pet in confinement, then the State Law requires that my pet be euthanized so the animal can be tested for rabies infection. I understand according to Colorado law (C.R.S. Title 25, Article 4, Part 6), confinement or testing a pet animal for rabies is at the expense of the owner and I have refused to pay for such cost. I have been provided information regarding rabies disease, and I accept responsibility for the consequences of refusing to confine or test my pet for rabies, which may include the possibility that my pet was infected with rabies and exposed me to rabies.

Name of Animal Owner/Bite Victim (Print)

Address of Animal Owner/Bite Victim

Signature of Animal Owner/Bite Victim

Date

This form is only valid and able to be signed by the pet owner(s)/bite victim who must be over 18 years of age and living in the same household. The person who has received the bite must be the one to sign this form.

For questions or for more information, contact the Health Department at 719-583-4998.

Below For Office Use Only

Date valid ID checked _____

Humane Society Representative _____

HSPPRP staff – fax to PDPHE 719-583-4439

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