



Home Quarantine Visit Example Form

Case Number: _____ Visit Report Number: _____ Initial Exposure Date: _____

Animal Owner Name: _____ Visit Date: _____

Animal Owner Address:

City: _____ State: _____ Zip: _____

Apparent Health of Animal

Check all that apply:

Animal does not appear to be currently exhibiting nor has exhibited:

- | | |
|---|---|
| <input type="checkbox"/> abnormal behavior | <input type="checkbox"/> aggression |
| <input type="checkbox"/> lethargy | <input type="checkbox"/> difficulty walking/paralysis |
| <input type="checkbox"/> fever | <input type="checkbox"/> seizures |
| <input type="checkbox"/> vomiting | <input type="checkbox"/> self-mutilation |
| <input type="checkbox"/> difficulty eating/drinking | |
| <input type="checkbox"/> excessive salivation | |

Quarantine Premises

Check all that apply:

- Primary quarantine area appears complete with no potential means for animal to escape.
- Outside fencing appears complete with no potential means for animal to escape.

Signature of Animal Owner: _____ Date: _____

Print Animal Owner Name: _____

Signature of designated authority: _____ Date: _____

Print designated authority name: _____