

SPRINGFIELD TOWNSHIP
50 POWELL RD.
SPRINGFIELD, PA 19064

In accordance to **Springfield Township Ordinance #1097, section 36-13**, “Animal that has bitten a human”, this animal will be quarantined either by the owner or by some other suitable agency for a period of not less than **10** days. During this quarantine, the animal will be observed and any signs of illness or behavior change will be reported to the veterinarian and the Springfield Township Health Officer **immediately**. This animal must **not** be destroyed or disposed of in any way without the approval of the local health authority. The animal must be **confined** and **not** be allowed to run at large or unattended at any time during quarantine period. If this animal should be **killed or die** during this quarantine period, the head of the animal must be sent to the state diagnostic laboratory to prove that the animal is or was not rabid.

At the end of this quarantine period of 10 days, the animal in question must be examined again by the veterinarian. At this time the veterinarian will again see if the animal is showing any signs of rabies. If the animal is healthy, a health certificate will be issued. Any expenses involved with the examining, quarantining, etc. of this animal, will be borne by the owner of the animal. Also, every time this animal bites someone, it must undergo subsequent examination and quarantine, even though the animal may have been vaccinated against rabies.

The object of this quarantine is three-fold. First, everything possible will be done to prevent the human bitten from having to go through the danger and the pain of the rabies treatment. Second, everything possible will be done to avoid destroying the animal involved. Third, this procedure is designed to keep the expense to the owner of the animal in question at a minimum. The animal owner’s cooperation is not only appreciated, but it is required by law. This certificate must be forwarded to the Springfield Township Health Department immediately.

SIGNATURE OF THE OWNER:

SIGNATURE OF THE VETERINARIAN

If you have questions or require additional information, please contact this office at 610-544-1300 or ldevlin@springfielddelco.org. This certificate can be faxes to 610-544-3012.

Lori Devlin
Health Officer

Breed or Species _____
Sex _____ Age _____
Color _____
Name of animal _____
Date Rabies Vaccination _____
Owner _____

