

## Public Health Order for Observation Period (Dog, Cat or Ferret)

Name Animal Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: H (\_\_\_\_) W (\_\_\_\_) Alternative Contact: \_\_\_\_\_

Whereas you are the owner of the following animal:

Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Colour/markings: \_\_\_\_\_ Name: \_\_\_\_\_  
 Dog Tag No (if available): \_\_\_\_\_ Weight: \_\_\_\_\_  
 Located at: \_\_\_\_\_

### Pursuant to Section 6, Part II under the *Public Health Act*:

6(1) Subject to subsection (2), a medical officer of health or a public health inspector by a written order may require a person to take or refrain from taking any action that is specified in the order in respect of a health hazard.

You are hereby ordered to:

- Confine this animal in a manner to segregate it from contact with other animals and restrict contact with humans other than that required by the caregivers until 10 days from the exposure incident
- Advise Public Health, Department of Health at the phone number below, immediately upon any changes in the animal's habits, behaviours and/or physical conditions
- Notify Public Health prior to euthanasia, should euthanasia be deemed necessary, for approval and appropriate arrangements for rabies diagnostic testing.

A Public Health Inspector will be in contact with you at the end of the confinement period to observe the animal.

Confinement Start Date: \_\_\_\_\_ Confinement End Date: \_\_\_\_\_

Public Health Inspector	Date	Telephone
Animal Owner	Date	Telephone