



RABIES OBSERVATION CLIENT INSTRUCTIONS



For Owner Use

Date (DD/MM/YY)	
Name and IC of owner	
Address of owner & animal	
Name, type & no of animal(s) involved in bite case	<input type="checkbox"/> Canine # <input type="checkbox"/> Feline # <input type="checkbox"/> Others (please specify) _____ #
Type of animal(s) & number of animal(s) owned	<input type="checkbox"/> Canine # <input type="checkbox"/> Feline # <input type="checkbox"/> Others (please specify) _____ #
Client Instructions	<p>1. <u>STRICT QUARANTINE FOR 1 MONTH</u></p> <p>a. ANIMAL(S) MUST BE LEASHED / CHAINED / CONFINED IN CAGE / HOUSE COMPOUND <u>ONLY</u> AT ALL TIMES.</p> <p>b. ANIMAL(S) MUST BE ACCOMPANIED / ON LEASHED WITH OWNER EVERYTIME GOING OUT FROM HOUSE COMPOUND / PUBLIC PLACES AT ALL TIMES.</p> <p>2. ANY POSSIBLE CLINICAL SIGN(S):</p> <p>a. Hypersalivation / Excessive drooling</p> <p>b. Sudden change of behaviour</p> <p>c. Increased aggression / shyness</p> <p>d. Reduced appetite / Not eating / Not drinking</p> <p>e. Lethargy / Weakness</p> <p>f. Biting people / surrounding objects / themselves</p> <p>g. Biting without provocation</p> <p>h. Paralysis</p> <p><u>YOU MUST NOTIFY DVS SARAWAK (082-610023 / 082-628248 / 016-2557267)</u> - FAILURE TO DO SO WILL INCURE A PENALTY.</p> <p>3. DVS SARAWAK RESERVES THE RIGHT TO CHECK YOUR PREMISES AND YOUR ANIMAL(S) ANY TIME OF THE DAY / WEEK / MONTH.</p> <p>4. DVS SARAWAK WILL CONFISCATE YOUR ANIMAL(S) IF THERE IS SUSPICION OF RABIES. (VETERINARY PUBLIC HEALTH ORDINANCE - SECTION 38 DESTRUCTION OR DETENTION OF ANIMAL SUSPECTED TO BE INFECTED WITH RABIES.)</p>
Actions taken by Veterinary Authority	
<p>I, _____ have understood the instructions that was given to me from the Veterinary Authority and despite knowing the Rabies risk that may be imposed by me on myself and my family/neighbourhood and the possibility that my animal will be confiscated by the Authority per se, I acknowledged and have agreed not to surrender the animal to the Veterinary Authority, despite being advised by the Veterinary Authority.</p>	
Name of Owner: _____ I.C No: Date:	Name of Vet. Authority: _____ Position: Date:



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For Veterinary Authority

I have duly advised the owner NAMED _____

I.C NO: _____ ADDRESS: _____

and I will not bear the responsibility should this person or any relations of this person would be affected by Rabies despite my advice on surrendering of the animal(s).

Name, type & number of animal(s) involved in bite case:

Canine #

Feline #

Others (please specify) _____ #

Type & number of animal(s) ordered under STRICT quarantine:

Canine #

Feline #

Others (please specify) _____ #

Name of Vet. Authority:

Position:

Date:

Name of Owner:

I.C No:

Tel. No:

Date: