

Lincoln County Health Department

Rabies Prevention and Control Policy and Procedure

July 2026

APPROVAL AND IMPLEMENTATION

LCHD Rabies Prevention and Control Policy

This document is hereby approved for implementation and supersedes all previous editions.

Signature _____ Date _____

Dr. Brad Black, MD
Health Officer

Signature _____ Date 9/07/2026

Amy Fantozzi, Chair
Board of Health

Signature _____ Date 9-8-26

Kathi Hooper, Director
Health Department

Record of Changes			
Date	Revisions Made	Approved by:	Distribution Date
4/2018	Updated roles and responsibilities to reflect changes in Animal Control	J. McCully	
1/2019	Updated roles and responsibilities of LCSO and LCHD	K. Hooper	
2/2024	Updated roles and responsibilities and home quarantine notice	J. McCully	
7/2026	Updated roles and responsibilities and home observation agreement	S. Long	

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Introduction

Purpose: The purpose of the Rabies Prevention and Control Policy is to prevent any human death due to rabies. This policy is designed to coordinate effective rabies control procedures between Public Health, Animal Control, law enforcement, veterinarians, the medical community and private citizens.

Goal: Prevent any human death due to rabies through:

1. Pre-exposure immunization
2. Animal vaccination
3. Animal bite follow-up
4. Post-exposure prophylaxis (PEP) recommendations of appropriate medical intervention and animal control measures.

If post-exposure treatment for rabies is not administered, administered incorrectly or administered too late, the infection almost always results in death.

Possible Exposures to Rabies: A rabies exposure is any bite, scratch or other situation in which saliva, cerebral spinal fluid, tears or nervous tissue from a suspect or known rabid animal or person enters an open wound, is transplanted into, or comes in contact with mucous membranes of another animal or person. Rabies is transmitted by introducing in these ways. The likelihood of rabies infection varies with the nature and extent of exposure. Human exposure to rabies virus always warrants evaluation for possible PEP treatment.

Exposure can be defined as:

- Classic bite in which the teeth penetrate the skin
- Non - bite in which there is a contamination of open wounds, abrasions, mucous membranes, or scratches to animal saliva or nervous system tissue
- When direct contact between a human and a bat has occurred or the exposed person cannot be certain a bite, scratch or mucous membrane exposure did NOT occur (e.g., a sleeping person awakens to find a bat in the room)
- Human to human as a result of organ or tissue transplantation.

Petting or handling a rabid animal, contact with blood, urine or feces of a rabid animal, ingestion of pasteurized milk or well-cooked meat from a rabid animal, or accidental inoculation with vaccines currently licensed for use in animals does not constitute rabies exposure.

Bat exposures are of particular concern (see appendix C). In recent years bats have been increasingly implicated as wildlife vectors capable of transmitting rabies to humans. It is important to carefully evaluate the circumstances of every incident that involves a bat in close proximity to a person, since

bites from bats may be very small and not easily recognized. This is particularly important in cases where interviews with young children or people with limited recall may not reveal a minor or undetectable injury inflicted by a bat bite. As a general rule, in situations where a bat is physically present t and the possibility of a bite exposure or mucous membrane contact is reasonably certain, post-exposure prophylaxis should be given unless timely capture and testing of the bat has excluded rabies.

Authority

1. Legal Authority

Montana Code Annotated (MCA)

- 37-2-301 Duty to report cases of communicable disease
- 50-1-1 Definitions (8) Local Health Officer
- 50-2-116 Powers and duties of local boards of health
- 50-2-118 Powers and duties of local health officers
- 50-2-120 Assistance from law enforcement officials
- 50-2-122 Obstructing local health officer in the performance of duties unlawful

Administrative Rules of Montana (ARM)

- 37.114.102 Local Board Rules
- 37.114.105 Incorporation by reference
- 37.114.201 Reporters
- 37.114.203 Reportable Conditions (rabies)
- 37.114.204 Reports and Report Deadlines
- 37.114.314 Investigation of a case
- 37.114.571 Rabies exposure
- 32.3.1201 Department of Livestock

Roles and Responsibilities

Lincoln County Health Department (LCHD):

- Conduct initial investigation of all bites and complaints
- Consult with victims, veterinarians, medical providers and animal control officers
- Investigate human and pet rabies exposure incidents. Assure that health care providers are aware of possible exposure.
- Conduct an epidemiological investigation in every instance where a lab report indicates a positive case of rabies to elicit all possible persons/animals exposed.
- Determine if PEP is recommended.
- Maintain patient confidentiality for animal bite reports.
- Report all cases in which a person receives or is recommended to receive PEP to DPHHS.
- Notify victim of lab results for rabies testing.

- Ensure local animal control ordinances and regulations are established and updated as appropriate.
- Continually assess rabies trends, and when appropriate, declare a community alert of quarantine and conduct a public information campaign

Lincoln County Sheriff's Office, Animal Control (LCSO):

- Conduct initial investigation of all bites and complaints
- Coordinate, track and locate the animal
- Ensure quarantine compliance
- If owner is noncompliant, take measures to ensure compliance
- Issue enforcement orders to noncompliant parties
- Provide education on animal bites, rabies and quarantines to animal owner
- Assure that confined animals are kept in isolation in safe, sanitary and humane conditions

Medical Providers:

- Administer treatment to bite victims
- Report all animal bites to LCSO and/or LCHD

Owner of Animal: (Defined as any person who owns, harbors, keeps or controls an animal.)

- Immunize all animals as appropriate and keep a valid vaccination certificate
- Deliver animal to quarantine facility if required by Animal Control Officer or LCHD
- Pay for fees associated with, but not limited to, treatment or examination by veterinarian, quarantine in isolation facility, euthanasia fees and preparation of specimens for testing
- Comply with quarantine order issued by Animal Control Officer

Shelter:

- House quarantined animals in a segregated area during observation period
- Prevent animal contact with the general public during quarantine period
- Contact animal owner and health department after the quarantine
- Report on the health of the animal at the end of the quarantine or if behavior/health changes

Animal bite policy (possible human exposure)

Bites, scratches and contact of open wounds, sores, rashes or mucous membrane (i.e. eyes, nostrils, mouth or genitals) to saliva or nerve tissue of a suspected rabid animal is considered an exposure and should be reported. In addition, bats in proximity to an unattended young child, sleeping individual, or sensory or mentally impaired person may be considered a contact and should be reported. Any animal bite should be thoroughly cleansed with soap and water, as soon as possible, and medical attention should be sought immediately.

Report **ALL** animal bites to the LCSO and/or LCHD. A bite may be reported by any of the following: victims, witnesses, health care providers, law enforcement, dispatch or others. With assistance from other agencies as requested, Animal Control is responsible for coordinating, tracking and locating the animal.

1. **Risk Exposure Assessment**: An Animal Control Officer (ACO) or health department staff will make contact with the victim obtaining as much information as possible about the bite. The risk exposure assessment should include the following information:
    - Location and date of bite
    - Name and demographics of victim
    - Species and physical description of animal
    - Name and demographics of the owner
    - Type of encounter
    - Type of exposure
    - Provoked/not provoked
    - Animal behavior
    - Animal vaccination status
    - Status or disposition of the animal
    - Anatomical site and severity of bite

2. The biting animal must be assessed for vaccination status. The animal may be a(n):
    a. Vaccinated owned pet
    b. Unvaccinated/under vaccinated owned pet
    c. Stray
    d. Wild animal

3. **Vaccination Status**: Animals NOT meeting the definition of "currently vaccinated" include:
    - Dog, cat, ferret, horse, cattle, or sheep whose first vaccination was given less than one month before exposure
    - Dog, cat, ferret, horse, cattle, or sheep whose previous vaccination expired
    - Dog or cat that was given an initial vaccination and not boosted one year later
    - Dog, cat, ferret, horse, cattle, or sheep vaccinated by anyone other than a licensed veterinarian
    - Any wild animal, or wild and domestic animal crosses

4. **Animal Management**: Observation of domestic animals must be instituted regardless of vaccination status.
    a. Owned dog or cat with current rabies immunization:
        - If there is proof of a current rabies vaccination, the animal may be taken to the shelter for the 10-day quarantine with day of the bite being day zero. At the discretion of the LCHD, LCSO or their designee, the animal may be released from the shelter for home quarantine if the owner agrees to the terms of the Home

Quarantine Agreement (Appendix G). LCSO may check on the animal at any time during the ten days.

- At the end of the 10-day quarantine period, the animal must be evaluated by a licensed veterinarian or the LCHD or their designee. If no symptoms have developed, there is no danger of rabies exposure for the person bitten.
- Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time.
- Should the animal die or somehow get loose and disappear the ACO must be notified immediately by the owner. ANY dead animal, regardless of manner of death, must be immediately taken to a veterinarian or LCHD for rabies testing.
- Failure of the owner to comply with the quarantine requirements will result in the animal being required to complete the quarantine at a shelter.
- The owner must pay the confinement costs at the time of release or have a payment plan in place.
- Re-vaccinate animal **after** 10-day quarantine.

b. Unvaccinated/under vaccinated owned pet: Animals with no current rabies proof of immunization
    - If the current vaccination cannot be provided, the animal may taken to the shelter for the 10-day quarantine with day of the bite being day zero.
    - After 10 days the animal is eligible for release to the owner, if no sign of illness is present.
    - Alternatively at the discretion of LCHD, LCSO or their designee, the animal may be released from the shelter for home quarantine if the owner agrees to the terms of the Home Quarantine Agreement (Appendix G). LCSO may check on the animal at any time during the ten days.The owner must pay the confinement costs at the time of release or have a payment plan in place.
    - Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time. The animal may be euthanized and sent to a laboratory for rabies testing. Animals must receive vaccine **after** the 10-day quarantine is complete, not before as this may interfere with clinical signs.

c. Stray cat or dog: If the animal appears to be a stray and cannot be found, the victim is urged to seek immediate medical attention and discuss exposure and PEP with Health Department.

    If the animal appears to be a stray and has been captured

    - Stray dogs and cats that bite individuals that are caught may be either confined at the expense of the County for the 10-day quarantine or euthanized and rabies tested.

- Animals showing any signs of illness during the 10 days must be taken to a veterinarian immediately and LCHD must be notified at the same time. The animal may be euthanized and sent to a laboratory for rabies testing

d. Wild animal
   - Any wild animal shall be euthanized and sent to a lab for rabies testing.
   - Health Department will recommend rabies post-exposure treatment for anyone bitten by certain wild animals that are not captured based on the current exposure assessment (appendix D).

5. Update the victim: Victims will be notified by LCHD of the outcomes of the 10-day quarantine or rabies test.

6. With the collaboration of LCSO, LCHD and medical providers, PEP will be recommended if necessary (see page 12).

Possible animal exposure policy

If a known positive animal exposes a domestic animal (See appendix D):

Animal Quarantine: When domestic animals are exposed to known or suspected rabid animals, the owner of the domestic animal is required to provide proof of vaccination records from a licensed veterinarian.

If the suspect rabid animal is not located, the domestic animal will be quarantined according to the provisions below based on the vaccination status of the animal victim. Wild, high-risk species (raccoon, fox, skunk, bat and bobcat) which cannot be located for testing should be considered rabid for quarantine purposes.

If the biting animal is totally unknown, but suspected to be a high-risk rabies vector, MT DOL will counsel the owner on signs, symptoms, and incubation period of rabies. A veterinarian should be consulted if symptoms occur.

- **Animal exposes a VACCINATED animal:** Currently vaccinated animals exposed to a known or suspected rabid animal shall be revaccinated immediately by a licensed veterinarian and quarantined as required by MT DOL. "Currently vaccinated" means vaccinated by a licensed veterinarian with a USDA approved rabies vaccine appropriate for the species of one- or three-years duration of immunity, with the date of the animal's exposure to rabies being before the one-, or three-year period (whichever is applicable) has elapsed. It is the owner's responsibility to produce documentation of current rabies vaccination by a licensed veterinarian. **In the absence of proof, the animal should be considered unvaccinated.** Any illness must be evaluated by a licensed veterinarian on premise and, if considered possibly rabid, reported immediately to the LCHD. The owner should be sent a letter with a Home Quarantine Agreement Form (see appendix G).

- **Animal exposes an UNVACCINATED animal:** Any dog, cat, or ferret not currently vaccinated that is exposed to a known or suspected rabid animal shall be placed under rabies quarantine as required by MT DOL (at the owner's expense). If the dog, cat, or ferret is killed or dies within the quarantine period and there is a potential for human exposure, it must be sent for rabies testing.

Procedure for Rabies Testing

If an animal that has bitten someone dies or is killed during a quarantine period, the animal must be tested for rabies. This requirement is for all animals whether proof of rabies vaccination has been provided or not. Testing will also be completed if there was a possible human bat exposure and the bat is captured.

Domesticated or wild animals: Arrange to have the animal's head collected by Animal Control Officer. Pack the head in cold packs. Store in the refrigerator until shipment arrangements are made.

Small animals: Keep the animal cool and store the animal in the refrigerator until shipping arrangements can be made.

Bat: Do not place the bat in formalin or glycerol saline. Do not freeze the bat but keep refrigerated. If not dead, the bat must be humanely destroyed (ether). . Prepare specimen for shipping to MVDL.

1. Complete the Diagnostic Laboratory Request form including (Appendix F):
    a. Type of animal
    b. The name, address and phone number of the victim
    c. When the incident occurred
    d. The circumstances of the incident
    e. The vaccination status of the animal
    f. Shipping date
2. Prepare the specimen by double bagging to prevent fluid seepage.
3. Place specimen in a cool pack mailer or Styrofoam container with frozen cold packs. Pack newspaper, etc., around the specimen to keep it in place, and to keep it from freezing (bat).
4. Complete the rabies testing lab form and place it inside the mailer/container. The lab form should be placed in a sandwich bag on top of the double bagged specimen or secured to the inside lid of the mailer/container. The sandwich bag will protect the paperwork from possible fluid seepage that can occur during shipment.
5. Be sure to have the specimen ready for mailing on Monday through Wednesday. If shipped later in the week, the thawing specimen will most likely sit unattended over the weekend. Be sure to keep in mind any holiday lab closures. In an emergency, specimens may be driven to an overnight USPS shipping facility in Kalispell, as long as the plane has not left for the day.
6. Ship specimens by overnight delivery only.
7. State laboratory staff will contact LCHD with results.

8. LCHD will relay the results to the victim, the healthcare provider/facility, the animal owner, and any other response partners, including all potentially exposed individuals.

PEP Recommendation

1. *Wound treatment recommendations:*
    a. Immediate thorough cleansing with soap and water.
    b. Evaluate for Tetanus booster and need for antibiotics.
    c. Emergency room visit based on severity of bite.
2. Vaccination recommendations
    a. If the animal is on quarantine await the 10 days before initiating prophylaxis UNLESS animal becomes symptomatic during the 10 day period. *Treatment should be started immediately*, and the animal euthanized and sent for testing.
    b. *Incident with skunk, fox, coyote or raccoon - post-exposure prophylaxis treatment will be started*. Where the animal is captured, and lab results indicate that the exposing animal is NOT rabid, post-exposure treatment will be discontinued.
    c. *Incident with bat post-exposure prophylaxis treatment may be started.* Where the bat is captured, and lab results indicate that the exposing bat is NOT rabid, post-exposure treatment will be discontinued.
3. Deviation from recommended post-exposure vaccination schedules. Most interruptions in the vaccine schedule do not require re-initiation of the entire series.
    a. Minor deviations: can resume as if the patient were on schedule. Example: Patient misses day 7 dose and presents for vaccine on day 10. Day 7 dose to be administered NOW and remaining dose would maintain same interval between doses such as day 17 and 31.
    b. Substantial deviations: will require serologic testing 7 to 14 days after administration of final dose in series.
4. Precautions and Contraindications
    a. Immunosuppression: For persons with broadly defined immunosuppression, PEP should be administered using all 5 doses of vaccine (on days 0, 3, 7, 14, and 28) with the understanding that the immune response still may be inadequate. No immunosuppressive agents should be administered during PEP unless essential for the treatment of other conditions. If PEP is administered to either an individual taking immunosuppressive medications or an immunosuppressed individual, antibody response must be tested (serum specimens collected 1-2 weeks after PEP should completely neutralize challenge virus at least at a 1:5 serum dilution by the rapid fluorescent focus inhibition test – RFFIT).
    b. Pregnancy: If adequate exposure the Risk/benefit ratio to vaccination during pregnancy indicates that post exposure treatment should be provided.
    c. Allergies: is not contraindicated, should be administered with caution.

Post-exposure animal bite investigation procedure: When a healthcare provider or facility evaluates a victim for an animal bite, it is their responsibility to file the Animal Bite Form as soon as possible. When a bite occurs the bite report form must be faxed to LCSO and/or LCHD for follow up.

Confidentiality

Information contained in a notifiable disease report made from a health care provider to Public Health is confidential. However, the information can be released to animal control officers and other agencies when necessary for public health. The statute limits both the type of information shared and the number of people in receipt of the records. Confidential information should only be given to people who need it to complete the public health response. For example, to ensure that the animal bite is investigated appropriately the identity of the victim may have to be released to animal control officers, when the victim is needed to identify the biting animal. If the animal can be classified as a dangerous dog it may also be necessary to share details about the attack such as wound site and the severity of the injury.

List of Appendices:

Appendix A: Contact Information

Appendix B: MCAs & ARMs

Appendix C: Montana Rabies Exposure Assessment Tree

Appendix D: DOL Domestic Animal Rabies Exposure Assessment Tree

Appendix E: Animal Bite Report Form

Appendix F: Diagnostic Laboratory Request Form

Appendix G: Home Confinement Agreement Form

Appendix H: Home Observation Agreement Form

Appendix A: Contact Information

Lincoln County Health Department
418 Mineral Avenue
Libby, MT 59923
406-283-2442
Confidential Fax: 406-283-2466
After Hours: 406-293-4112

Law Enforcement

Animal Control
Emergency: 911
Non-Emergency Dispatch: 406-293-4112 ext: 5

Cabinet Peaks Medical Center
209 Health Park Drive
Libby, MT 59923
406-283-7000

Montana Department of Public Health and Human Services
406-444-0273
Confidential Fax: 800-616-7460

Montana Veterinary Diagnostic Laboratory
Marsh Laboratory
1911 West Lincoln
PO Box 997
Bozeman, MT 59718
406-444-4885

Montana Department of Livestock
Animal Health Division
PO Box 202001
Helena, MT 59602-2001
406-444-2043

Fish Wildlife and Parks
385 Fish Hatchery Rd
Libby, MT 59923
406-293-4161

Appendix B: Montana Rabies Related Statutes and Administrative Code

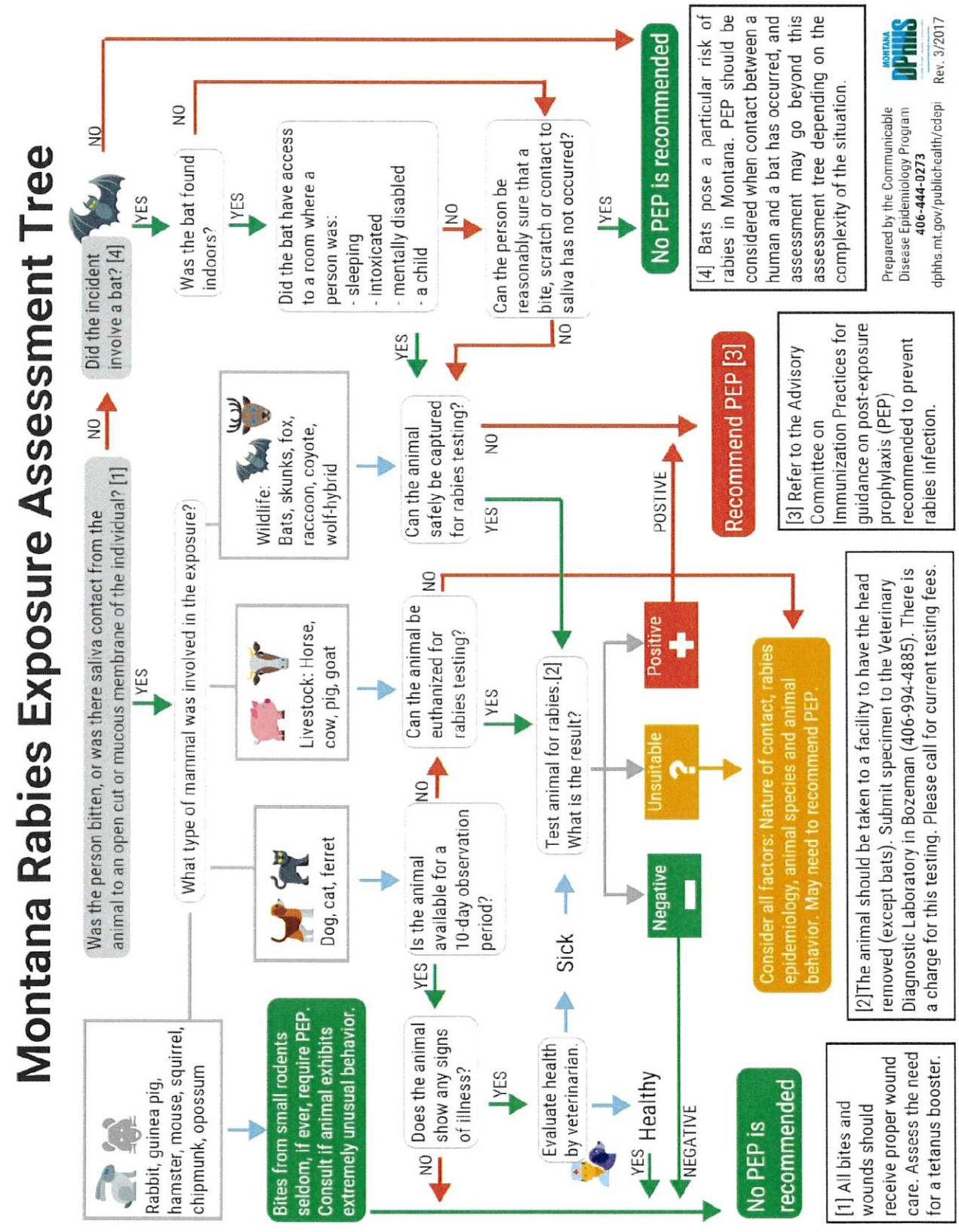
Montana Code Annotated (MCA)

- 37-2-301 Duty to report cases of communicable disease
- 50-1-1 Definitions (8) Local Health Officer
- 50-2-116 Powers and duties of local boards of health
- 50-2-118 Powers and duties of local health officers
- 50-2-120 Assistance from law enforcement officials
- 50-2-122 Obstructing local health officer in the performance of duties unlawful

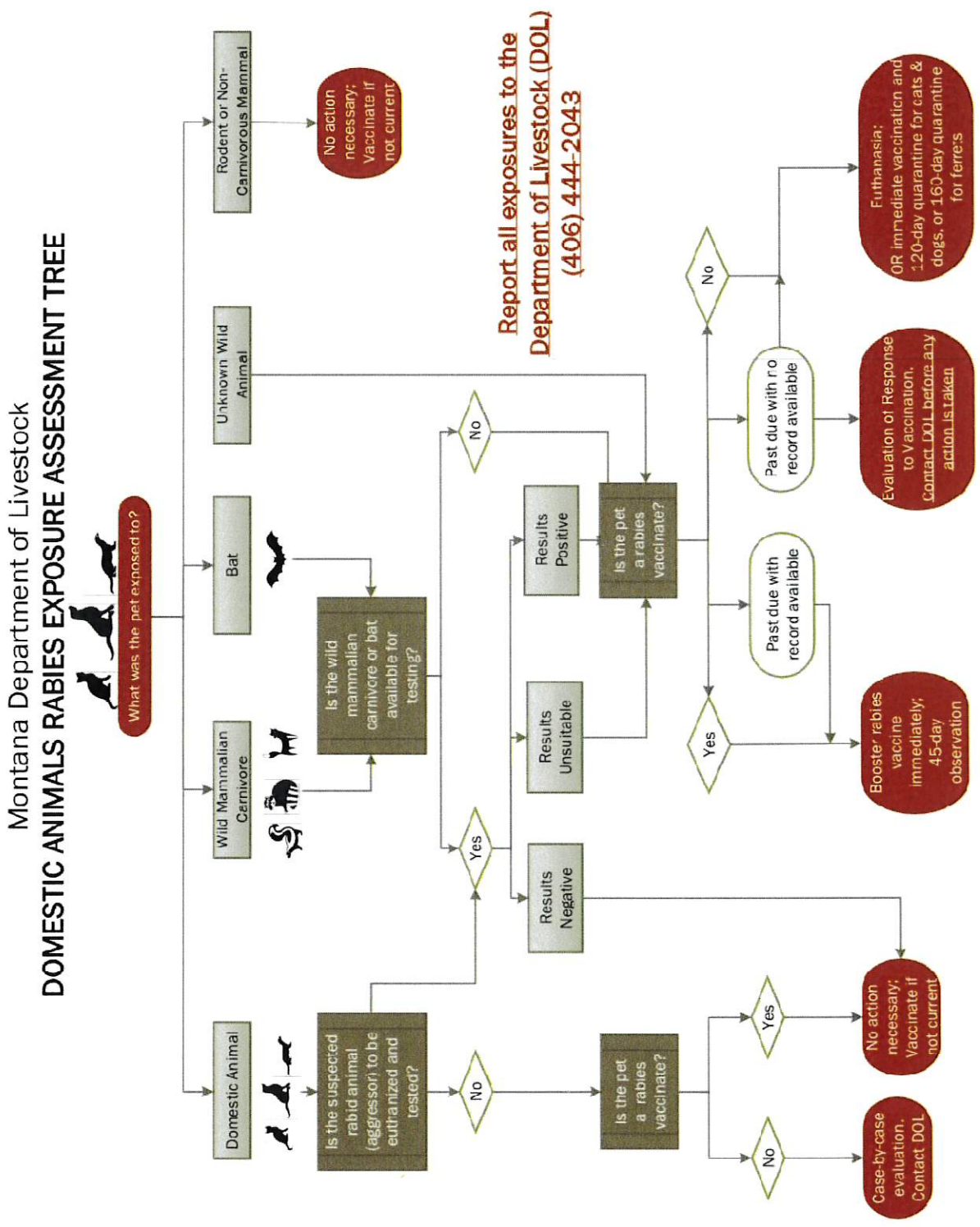
Administrative Rules of Montana (ARM)

- 37.114.102 Local Board Rules
- 37.114.105 Incorporation by Reference
- 37.114.201 Reporters
- 37.114.203 Reportable Conditions: Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection
- 37.114.204 Reports and Report Deadlines
- 37.114.314 Investigation of a case
- 37.114.571 Rabies exposure
- Additional reporting requirements through Department of Livestock (ARM 32.3.1201 through 32.3.1207) describe management of animals and complement DPHHS rules.

Appendix C: Montana Rabies Exposure Assessment Tree



Appendix D: DOL Domestic Animals Rabies Exposure Assessment Tree



Appendix E: Animal Bite Report Form

LINCOLN COUNTY PUBLIC HEALTH
418 Mineral Ave
Libby, MT 59923
Phone: (406) 283-2467
Confidential Fax: (406) 283-2466

LINCOLN COUNTY SHERIFFS' DEPARTMENT
512 California Ave
Libby, MT 59923
Phone: (406) 293-4112
Fax: (406) 293-3171

ANIMAL BITE REPORT FORM

Report Cases to Animal Control Officer at (406) 293-4112
Then, fax completed form to Lincoln County Public Health at (406) 283-2466

Section 1- Completed by Health Care Provider

Patient Last Name: _____ Patient First Name: _____
Patient DOB: _____ MALE FEMALE
Physical Address: _____ City/State: _____ Zip:_____
Primary Phone: _____ Parent/Guardian (if <18): _____
Injury/Exposure Information:
Date of Incident:_____ Time: _____
Part of Body Injured: _____ Skin Broken: YES NO
Treatment: _____
_____ Date Treated: _____
Tetanus Vaccine Administered: YES NO Date of Last Tetanus booster: _____
Treating Physician: _____ Reporting Facility: _____

Location of Incident: _____ How Injury occurred:_____
_____
_____

Animal Owner: _____ Owner Phone: _____
Owner Physical Address: _____ City/State:_____
Animal Name and/ or physical description: _____
Breed: _____ Color/s: _____

Section 2- Lincoln County Health Department/ Animal Control Use

Animal Control Officer: Andrew Smith

Animal Age:_____ *Male* *Female Neutered/Spayed* License No: _____
Rabies Vaccinated: YES NO UNK Last Rabies Vaccination: _____
Veterinarian: _____ Phone: _____
Injury Provoked: YES NO Prior Bites Reported: YES NO

Disposition:
- ☐ Animal Cannot Be Located
- ☐ Animal Died/Euthanized
- ☐ Animal Quarantined for _____days [ ] Shelter [ ] Vet [ ] Home Start Date: _____
- ☐ Animal Specimen Shipped to Laboratory Date: _____
  - o Positive o Negative o Unsuitable Date:_____

Follow Up:
- ☐ Animal examined at the end of quarantine and deemed healthy for release Date: _____
- ☐ Patient Refused Post Exposure Prophylaxis Date:_____

Appendix F: Diagnostic Laboratory Submission Form

MONTANA VETERINARY DIAGNOSTIC LABORATORY

PHONE: (406) 994-4885
FAX: (406) 994-6344
WEBSITE: www.liv.mt.gov/lab
WEB RESULTS: https://mvdl.mt.gov
E-MAIL: mvdl@mt.gov
1911 WEST LINCOLN STREET
BOZEMAN, MT 59718

Before each submission, pleasedownload the most current version of this form. Access ourSubmission Guideforthelatest information ontest offerings.Avoid shipping delaysbysending specimens via UPS/FedExwheneverpossible.

Veterinarian: _____ Owner: _____
Clinic: _____ Owner address: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ County: _____ Phone: _____
Email: _____ Owner email: _____
(default reportingisviaemail) Premises ID: _____
Fax: _____ ☐ Report to Owner
Billing Account (if different): _____ ☐ Owner/Submitter informationare the same

Animal ID(s): _____ Age: _____ ☐Yr ☐Mo ☐Day ☐Fetus **Sex:** ☐M ☐MC ☐F ☐FS
(for herd/*flock* submissions, please use ourExcelbasedform) **Species:** _____ **Breed:** _____
Collection Date: _____ Submission Date: _____ Isanimal: ☐Alive ☐Dead ☐Euthanized
SamplesSubmitted:

History (Ifneeded,attach additional information separately):

Special processing: ☐Legal ☐Insurance ☐Pathologistdiscretionfor testing ☐Pre-approval for send-out testing
Necropsy **Disposal:** ☐MVDL disposal ☐Private cremation
Cremation provider: _____

Test Requests: (See our Submission Guide for complete listing, or write in requested send-out testing)

Specimen/Anatomic Location	Collection Date/Time	Test Name

Commonly Requested Tests:
☐ AbortionStudy
☐ Neonatal Diarrhea
Study Age: ☐
☐ Biopsy/Mail-in Necropsy
☐ Laboratory Necropsy
☐ **Aerobic culture**
☐ **Antimicrobial sensitivity**
☐ **Fecal flotation**
☐ **Urinalysis**
☐ **FNA/Cytology**
RABIES
☐ Human exposure
☐ Animal exposure
☐ **Unknown exposure**

For MVDL Use
Carrier:
☐UPS ☐USPS ☐FedEx ☐Hand
Other:
Opened:
Inventory:

5.7.2.1 Rev. 2 Single Animal SubmissionFormRevision 5-8-26

Appendix G: Home Quarantine Agreement Form

Lincoln County

HOME QUARANTINE NOTICE

You are hereby required to confine your animal for _____days from the date of this notice in compliance with Montana State laws governing rabies management. Placing this animal in quarantine means that the animal must be kept separate from human beings and other animals in order to observe any signs of rabies and also to prevent human beings or other animals from being exposed to a potentially fatal disease.

If the animal shows any signs of illness or behavioral changes during the quarantine period, you must report such to the Lincoln County Sheriff's Office (LCSO) immediately and have the animal evaluated by a veterinarian. The animal may not roam at large or be left outside unsupervised. The animal shall not be taken from the quarantine area except to be transported to a veterinarian for examination or euthanasia. You will not sell, give away, euthanize, or otherwise dispose of this animal during the quarantine period. Escape from quarantine is regarded as a violation of this order and must be reported to LCSO immediately. If the animal dies during the quarantine period, the LCSO must be notified immediately, and the animal will be tested for rabies.

LCSO must be permitted to make periodic observations and/or examinations of the animal at the place of quarantine during this period. At the end of the quarantine period, the animal must be evaluated by a licensed veterinarian or Animal Control Officer Unvaccinated/under-vaccinated animals must receive the rabies vaccine after the quarantine is complete.

Failure to heed this notice and abide by the restrictions herein will subject the animal to seizure by the ACO for shelter quarantine at the owner's expense and the owner will be subject to any penalties prescribed by State Law.

I have received this Quarantine Notice and will comply with instructions set herein:

Dated: _____ Owner/Keeper: _____

OWNER IDENTIFICATION

Name: _____ Home Telephone: _____

Work Telephone: _____

Address: _____

_____

_____

Address of where the animal is quarantined: _____

_____

Telephone of where the animal is quarantined: _____

ANIMAL IDENTIFICATION

Type of animal: _____ Breed: _____

Name: _____ Male or female: _____

Veterinarian: _____

Date of current rabies vaccination: _____

Description: _____

_____

EVALUATION

Comments: _____

_____

_____

Authorized Signature: _____ Date: _____

Appendix H: Home Observation Agreement

LINCOLN COUNTY MONTANA

LINCOLN COUNTY HEALTH DEPARTMENT

Lincoln CountyRabies ControlProgram
Home Observation Agreement

Owners of animals who have been involved in a bite are required to observation their animals for a 10-day observation period regardless of vaccination status. Animals may be observed at home by the discretion of the local Health Officer and Animal Control, depending on factors including bite severity, vaccination status, bite history, or other factors as outlined by local ordinances and the Lincoln County Rabies Control Program.

I, _____, understand and agree to the following conditions and requirements as part of an at-home observation:

1. My animal is either **a)** currently up to date with rabies vaccination or **b)** will be brought up to date on rabies vaccinations within five (5) days following the end of the observation period.
2. The animal will be isolated from all other animals and have minimal contact with people other than the owners.
3. The animal will always remain on a leash and in full control by the handler when outside of the home. The animal may not leave the property unless it is for emergency veterinary care.
4. The animal will not receive any vaccination or new medications during the ten (10) day observation period, unless authorized by a licensed veterinarian.
5. The local animal authority may need to access my property to monitor the health of the animal throughout the observation period.
6. If the animal becomes sick, shows abnormal behavior, or dies during the observation period, I will notify the local Animal Control authority immediately. I understand that the animal must then be evaluated by a veterinarian for signs and symptoms suggestive of rabies and, if indicated, will be euthanized if not already deceased, and submitted for rabies testing.
7. I will allow for observation of my confined animal by Animal Control or the Health Department upon request during- and at the end of the observation period.
8. If home observation requirements are not followed as outlined above, Animal Control or the Health Officer may require the animal to be brought to the Animal Shelter or designated veterinarian for the remainder of the observation period at the expense of the animal owner.
9. At the end of the 10-day observation period the animal must be evaluated by a licensed veterinarian.

The observation period will be from _____ through _____

I fully understand a breach of any of the above restrictions and conditions imposed during the observation period will result as being guilty of a misdemeanor. Upon conviction, a person shall be fined not less than $10 or more than $500 or be imprisoned for not
more than 90 days, or both as outline by Montana Code Annotated (§50-2-124 (2) MCA). Each day of a violation constitutes and additional offense (§50-2-124 (3) MCA).

Date: _____

Owners Signature: _____

Owners Name: _____

Owners Address: _____

Owners Phone Number: _____

Animals Name and Description: _____

Veterinarian:

Animal Control Officer/ LCPH Signature:

Revised 07/06/2026