



## LITCHFIELD POLICE DEPARTMENT

TOWN OF LITCHFIELD  
2 LIBERTY WAY, SUITE 2  
LITCHFIELD, NH 03052  
Phone: (603)424-4047 Fax: (603)424-3423



Benjamin E. Sargent  
Chief of Police

# Rabies Exposure Report

### RSA 436:99-436:109 Rabies Control Act:

Any domestic animal that causes a **Bite or a Non Bite Exposure** to a person or another animal shall be **confined for 10 days** and on the **10th day** shall be examined by a **Licensed Veterinarian**.

**Confinement:** The individual in charge of confinement must not allow the animal to come in contact with any other person or animal. The animal shall be kept inside a building or a secured closure. The animal may be exercised or let out to go to the bathroom on a leash with the individual in charge of confinement.

### Animal to be confined by:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Animal information:

Type of animal: \_\_\_\_\_ Rabies #: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Date of exposure: \_\_\_\_\_ Date animal to be examined: \_\_\_\_\_

### Owners information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

### Veterinarian information:

Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

This is to certify that on the date listed I examined the animal listed that caused the exposure and to the best of my knowledge i find this animal to be free from infection or contagious diseases including rabies.

Veterinarian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_