STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

Unincorporated areas of San Diego County and the cities of Carlsbad, Del Mar,

SAN DIEGO COUNTY

Box 997413, Sacramento, CA 95899-7413, Telephone (916) 552-9740, Fax (916) 552-9725

(County)

Effective Jan through Dec 2006

2007 Statement of Enforcement

Encinitas, Santee, Solana Beach and Specify the Area or Juris	City of San Diego. diction for Which this Statement is Made
In accordance with Section 121585 and 12169 declaration of the Director of Health Services the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs must have continuous to the statutory and regulatory programs are statutory programs.	00 of the California Health and Safety Code, and upon the nat all California counties are "Rabies Areas", the following ntinued enforcement in your jurisdiction:
 The owner of every dog over four month for rabies and licensed. Dogs less than leash. 	s of age shall ensure that their animal is currently vaccinated four months of age must be kept at home, or supervised on
 An animal/rabies control program must be pound system, animal bite reporting, and 	be implemented on a county-wide basis to include an animal distray animal control.
3. The county and or city shall provide or a The Department of Health Services appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service appropriate the county and or city shall provide or a service approximate the county and or city shall provide or a service approximate the county approximate the county and or city shall provide approximate the county a	arrange for "Actual Cost" canine rabies vaccination clinics. oved "actual cost" vaccination fee in 2007 is \$6.00 per dog.
4. The county and or city shall conduct quarantines, etc.) for the purpose of carry control laws and regulations.	a rabies control program (rabies investigations, animal ing out and enforcing the provisions of the California rabies
AREA OR JURISDICTION COMP	BY ENDORSEMENT BELOW LIANCE WITH THE REQUIREMENTS OF ABIES CONTROL PROGRAM
Person responsible for conducting the Rabies Control Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:
Date: 2/9/07 Signature: X ee M X	Date: 2/14/07 Signature: Mike Harra
Name (print): DAWN DANIELSON	Name (print): Mike Harrod, DVM
Tale	Title: Public Health Veterinarian
5Address: 5480 Gaines St.	San Diego County A.D.D.L. Address: Office of the County Veterinarian
San Diego, Ca 92110	5555 Overland Ave., Ste. 4103 San Diego CA 92123-1250
Telephone: (619) 767-2605	Telephone: 858-694-2838
Local Health Departments: Please forward the endorsed form to the D	epartment of Health Services, Veterinary Public Health Section, MS 7308, P.O.

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January through December, 2006

Jurisdiction for which this report is made:

UNINCORPORATED AREAS OF SAN DIEGO COUNTY AND THE CITIES OF CARLSBAD, DEL MAR, ENCINITAS, SANTEE, SOLANA BEACH AND CITY OF SAN DIEGO.

lote: If report for a	ny item is "none" or "zero", so indicate	NUM	BER
	A. Number of "Actual Cost" rabies public vaccination clinics held	731	
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations	667	
VACCINATION		Dogs	Cats
AND	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	3,521	282
LICENSING	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	2,612	0
EICENSING	E. Total number of dogs and cats LICENSED in jurisdiction	73,328	0
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	274	172
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	14,302	10,450
	Dogs and cats captured by Animal Control Officers	6,604	1,749
	2 Dogs and cats surrendered by owners (not including those surrendered for quarantine)	3,786	2,561
CANINE	3. Dogs and cats surrendered by the public G1 THROUGH G5	3,471	5,992
	4. Dogs and cats impounded for animal bite quarantines ARE	227	22
AND	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	214	120
FELINE	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	14,143	10,35
RABIES	Dogs and cats reclaimed by owner	4,445	330
CONTROL	2. Dogs and cats adopted by new owners H1 THROUGH H6	5,221	4,937
	3. Dogs and cats euthanized ARE	4,240	4,883
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	45	74
	5. Dogs and cats stolen, escaped, etc.	10	16
	6. Dogs and cats transferred to another shelter	182	111
	I. Dead dogs and cats collected (excluding F, G and H above).	241	115
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	297	163
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	2,515	5
		Dogs	Cats
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	2,115	375
ANIMAL	a. Licensed	671	0
BITE	b. Vaccinated only	5	0
REPORTING	c. Neither licensed or vaccinated (but owned)	1,320	324
REPORTING	d. Strays	119	51
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	25	
_	a. Other domestics (excluding cats)	4	
	b. Wild	19)

			Dogs	Cats
	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	0	0
	M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	0	0
ANIMAL QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		0
	O.	Number of 30 day or 6 month quarantines not completed because animals were euthanized		0
	P.	Number of animal control officers employed in jurisdiction	3	31
AGENCY ADMIN	Q.	Name of agency or organization responsible for rabies control activities in this jurisdiction: County of San Diego, Department of Animal Services		
		Address: 5480 Gaines Street, San Diego, CA 92110-2867		
		Phone: (619) 767-2605		

Com	pleted	bv:
	DICCO	σ

Signature: _

Name (print): <u>DAWN DANIELSON</u>

Title:

Director

County of San Diego
Agency: Department of Animal Services

Telephone: (619) 767-2605

Email: <u>DAWN.DANIELSON@SDCOUNTY.CA.GOV</u>

Endorsement by local Health Officer or authorized representative:

Signature:

Name (print): Mike

San Diego County A.D.D.L. Agency: Office of the County Voto

Telephone: 5555

Email: mike, harrod@sdcounty.ca.gov

AFTER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725

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STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

	This Statement of Enforcement of Rubies Control Requirement	s is for the Declared "Rabies Endemic Area" described below.
(County	San Diead	Efficiency 2-15-07 (Date)
	Specify the Area or Jurisdiction for	a Vista or Which this Statement is Made
declar	cordance with Section 121585 and 121690 of the ration of the Director of Health Services that all Cory and regulatory programs must have continued	te California Health and Safety Code, and upon the California counties are "Rabies Areas", the following I enforcement in your jurisdiction:
1.	The owner of every dog over four months of ag for rabies and licensed. Dogs less than four m leash.	e shall ensure that their animal is currently vaccinated tonths of age must be kept at home, or supervised on
2,	An animal/rabies control program must be imple pound system, animal bite reporting, and stray	emented on a county-wide basis to include an animal animal control.
3.	The county and or city shall provide or arrange The Department of Health Services approved "a	for "Actual Cost" canine rables vaccination clinics. actual cost" vaccination fee in 2007 is \$6.00 per dog.
4.	The county and or city shall conduct a rabiquarantines, etc.) for the purpose of carrying out control laws and regulations.	ies control program (rabies investigations, animal and enforcing the provisions of the California rabies
	PLEASE INDICATE BY EN AREA OR JURISDICTION COMPLIANO THE CALIFORNIA RABIES	CE WITH THE REQUIREMENTS OF
	responsible for conducting the Rabies Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:
Date:	2-15-07	Date: 2-15-07
Signatur	e: DOYORK DW	Signature Mike Hanos
Name (p	min): Dorothy York	Name (print): Mike Harrod, DVM
	Manager, Chula Vista AnimalCare	Title: Public Health Veterinarian
Address	Chula Vista CA 919)1	Address: Office of the County Veterinarian 5555 Overland Ave., Ste 4103 San Diego. CA 92123-1250
Telephor	10 17 0.00	San Diego, CA 92123-1250 Telephone: (858) 694-2838

Chula Vista Animal Care of Control

	Chila Vista Animal Care of Control				
	A. Number of "Actual Cost" rabies public vaccination clinics held				
RABIES	B. Number of animal control citations listed for rabies vaccinations and licensing violations		106		
VACCINATION AND		DOGS	CATS		
LICENSING	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics				
:	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics				
	E. Total number of dogs and cats LICENSED in jurisdiction	11,676	0		
		DOGS	CATS		
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	140	84		
	G. Dogs and cats entering the shelter (TOTAL)	3858	4110		
	Dogs and cats captured by Animal Control Officers	1470	824		
	Dogs and cats surrendered by owners (not including those surrendered for quarantine)	893	456		
	3. Dogs and cats surrendered by the public (strays)	1469	2822		
CANINE	4. Dogs and cats impounded for animal bite quarantines	17	3		
AND FELINE	5. Dogs and cats transferred from another shelter	9	5		
RABIES	H. Disposition of dogs and cats entering shelter (TOTAL)	3718	3772		
CONTROL	Dogs and cats reclaimed by owner	1135	60		
	2. Dogs and cats adopted by new owners	1400	1231		
•	3. Dogs and cats euthanized	943	2122		
	4. Dogs and cats that died of other reasons	27	193		
	5. Dogs and cats stolen, escaped, etc.	2	47		
	6. Dogs and cats transferred to another shelter	211	119		
	I. Dead dogs and cats collected (excluding F, G, and H above)	139	254		
	J. Dogs and cats on hand in the shelter December 31, 2006	139	132		
	K. Animals bites reported (TOTAL should be the sum of 1 and 2 below)	21	6		
		DOG	CAT		
	Dog and cat bites reported (TOTAL)	182	32		
	a. Licensed	48	0		
ANIMAL BITE	b. Vaccinated only	0	0		
REPORTING	c. Neither licensed nor vaccinated (but owned)	109	0		
1	d. Strays	25	32		
1	2. Other animal bites reported (TOTAL)	2			
	a. Other domestics (excluding cats)	2			
	b. Wild	0			

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			NUN	ABER .
	Т_		Dogs	Cats
	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	17	2
ANIMAL	M.	Number of 6 month quaractines for unvaccinated dogs and cars exposed to potentially rabid animals		
QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		
	Ο.	Number of 30 day or 6 month quarantines not completed because animals were cuthanized		<u> </u>
	P	Number of animal control officers employed in jurisdiction	5	-
AGENCY ADMIN	Q.	Name of agency or organization responsible for rables control activities in this jurisdiction:		,
		Address:		
	7000 to	Phone: ()		

Signature: 24nn Garner
Name (print): LYNN GARNER
TitleSENIOR OPPLIES PECIALIST
Agency: CVACF
Telephone: (619) 691 5123
imail-

Completed by:

Endorsement by local Health Officer or authorized representative:

Signature: BOURK DWW MPW
Name (print): Docothy Uork
Title: Marager - 6 b
Agency: Chula Vista Apinol Care Facil
Telephone: 619 - 476 - 2480
Email: Dyork Ochchola-vista.ca.us

AFTER ENDORSEMENT
PLEASE FORWARD COMPLETED FORM TO Chula Vista Animal Care & Control
130 Beyer Way
Chula Vista, CA 91911

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725

Mike Harrod, D/M

Public Health Veterinarian

San Diego County A.D.D.L.

Office of the County Veterinarian

5555 Overland Ave., Ste 4103

San Diego, CA 92123-1250

(858) 694-2838

COUNTYVET

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STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rubles Control Requirements is for the Declared "Rubles Endernic Area" described below:

/Class /	SAN DIRGO	Effective 2 - 14-07
(Count	39	(Date)
	CITY OF CO.	20 NADTO or Which this Statement is Made
	Specify the Area of Jurisdiction f	by Which this Statement is Made
decla		he California Health and Safety Code, and upon the California counties are "Rabies Areas", the following denforcement in your jurisdiction:
1.		e shall ensure that their animal is currently vaccinated nonths of age must be kept at home, or supervised on
2.	An animal/rabies control program must be imp pound system, animal bite reporting, and stray	lemented on a county-wide basis to include an animal animal control.
3.		e for "Actual Cost" canine rables vaccination clinics. 'actual cost" vaccination fee in 2007 is \$6.00 per dog.
4.		vies control program (rables investigations, animal at and enforcing the provisions of the California rables
	PLEASE INDICATE BY E AREA OR JURISDICTION COMPLIAN THE CALIFORNIA RABIE	CE WITH THE REQUIREMENTS OF
	responsible for conducting the Rabies Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:
Date:	2-14-07	Date: 2/15/07
Signat	ure: Me State	Signature mike Harrod
Name	(print): MARK STAHL	Name (print): Mike Harrod, DVM
Title:	ANIMAL SERVICES OFFICER	Title: Public Health Veterinarian
Addres	SS: 700 ORANGE AVE	San Diego County A.D.D.L. Address: Office of the County Viterinarian 5555 Overland Ave., Ste 4103 San Diego, CA 92123-1250
Teleph	SS: 700 ORANGE AVE COROMAD , CA 92118 HONE: (619) 522-737/	San Vieso, CA 92123-1250 Telephone: (858) 694-2838
Local Na	-	nent of Health Services, Veterinary Public Health Section, MS 7308, P. O. (916) 552-9725 2007 Statement of Enforcement

02/01/2007 13:16 FAX 8585714268

COUNTYVET

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Junisdiction for which this report is made:

Coronado

Note: If report for	any item is "none" or "zero", so indicate	NU	MBER
•	A Number of "Actual Cost" rabies public vaccination clinics held	10	<u> </u>
RABJES	B. Number of animal control citations issued for rables vaccination and licensing violations		
VACCINATION		Dogs	C
AND	C. Dogs and cars vaccinated in "Actual Cost" public vaccination clinics]=
LICENSING	D. Dogs and cuts licensed in "Actual Cost" public vaccination clinics		_
	E. Total number of dogs and cats LICENSED in jurisdiction		
	Dogs and cate on hund in the shelter Ismuary 1, 2006 (carried over from 2005)	0	4
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	178	14
	Dogs and cats captured by Animal Control Officers	167	10
	2 Dogs and cats surrendered by owners (not including those surrendered for quarantine)	9	3
CANINE	3. Dogs and cars surrendered by the public G1 THROUGH G5	-	_
AND	4. Dogs and cass impounded for animal bite quarantines ARE	2	7
FELINE	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	Ø	0
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of I to 6 below)		7
RABIES	1. Dogs and cats reclaimed by owner	152	20
CONTROL	Dogs and cats adopted by new owners HI THROUGH #16	24	10
	3. Dogs and cats outhanized ARE	2	11
<u> </u>	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	0	2
_	5. Dogs and cats stolen, escaped, etc.	05	Ø
L	6. Dogs and cats transferred to another shelter	Ø	Ø
با	Dead dogs and cats collected (excluding F, G and H spove).	5	14
		1	9
	Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
		Dogs	Cat
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	11	9
ANIMAL -	a Licensed	8	3
BITE	b. Vaccinated only	3	4
ı	c. Neither licensed or vaccinated (but owned)	0	タ
PORTING	d. Strays	0	Ø
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	Ø	
<u> </u>	a. Other domesties (excluding eats)		_
	b. Wild		

02/01/2007 13:16 FAX 8585714268

COUNTYVET

	•		NUMBER	
_			Dogs	Cats
	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	Ø	Ø
	M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	Ø	0
ANIMAL QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		
20,	Q.	Number of 30 day or 6 month quarantines not completed because animals were authorized		
	P.	Number of animal control officers employed in jurisdiction		4
AGENCY ADMIN	, Q,	Name of agency or organization responsible for rabics control activities in this jurisdiction:		
		Address:		
į		Phone: _(

Completed by:	. The
Signature.	1 /1/10
Name (print):	ARK C. STAHL
Title: <u>Avim</u>	AL SERVICES OFFICER
	MADO POUCH DEPT.
Telephone: 666	1) 522-7371
Email:	

Endorsement by local Health Officer or authorized representative:

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

San Diego County A.D.D.L. Agency: Office of the County Veterinarian

Telephone: (858) 694-2838 .

Email: mike harrod @ sdcounty , ca. gov

AFIER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Publics Endemic Area" described below:

,	AN DIEGO COUNTY	Effective
County)	(Date)
	CITY OF E	1. CA50N
	Specify the Area or Jurisdict	tion for Which this Statement is Made
aclar	cordance with Section 121585 and 121690 or ation of the Director of Health Services that ory and regulatory programs must have contin	of the California Health and Safety Code, and upon the all California counties are "Rabies Areas", the following nued enforcement in your jurisdiction:
-	The owner of every dog over four months of for rabics and licensed. Dogs less than for leash.	of age shall ensure that their animal is currently vaccinated or months of age must be kept at home, or supervised or
	An animal/rabies control program must be pound system, animal bite reporting, and s	implemented on a county-wide basis to include an animateray animal control.
	The county and or city shall provide or arr The Department of Health Services approv	range for "Actual Cost" canine rables vaccination clinics ved "actual cost" vaccination fee in 2007 is \$6.00 per dog
	•	
4.	The county and or city shall conduct a	rabies control program (rabies investigations, anima
4.	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLI	rabies control program (rabies investigations, anima
Person	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLI	a rabies control program (rabies investigations, animals out and enforcing the provisions of the California rabie Y ENDORSEMENT BELOW IANCE WITH THE REQUIREMENTS OF
Person Contro	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLIATE CALIFORNIA RAI responsible for conducting the Rabies (Program in the jurisdiction or area:	a rabies control program (rabies investigations, animal gout and enforcing the provisions of the California rabie Y ENDORSEMENT BELOW IANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM Endorsement by local Health Officer or authorized representative:
Person Contro	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLIATE CALIFORNIA RAI responsible for conducting the Rabies (Program in the jurisdiction or area:	e rabies control program (rabies investigations, animals out and enforcing the provisions of the California rabies Y ENDORSEMENT BELOW IANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM Endorsement by local Health Officer or authorized representative: Date: 2-15-07 Signature: The Handson
Person Contro Date: _ Signan	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLITHE CALIFORNIA RAIL responsible for conducting the Rabies (Program in the jurisdiction or area: 2-15-07 urc: **McClevell**	e rabies control program (rabies investigations, animals out and enforcing the provisions of the California rabies Y ENDORSEMENT BELOW IANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM Endorsement by local Health Officer or authorized representative: Date: 2-15-07 Signature: The Handson
Person Contro Date: _ Signan Name (The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLIATE CALIFORNIA RAIL responsible for conducting the Rabies (Program in the jurisdiction or area: 2-15-07 The California area: 2-15-07 The California area:	rabies control program (rabies investigations, animal of our and enforcing the provisions of the California rabies of the California rabies of the California rabies of the California rabies. Y ENDORSEMENT BELOW LANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM Endorsement by local Health Officer of authorized representative: Date: 2-15-07 Signature: Mike Harrod, DVM
erson Contro Date: _ lignam Tame (Title: _	The county and or city shall conduct a quarantines, etc.) for the purpose of carrying control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLY THE CALIFORNIA RAIL responsible for conducting the Rabies (Program in the jurisdiction or area: 2-15-07 THE CALIFORNIA RAIL CONTROL MANAGER (PRIMAC CONTROL MANAGER)	rabies control program (rabies investigations, animal out and enforcing the provisions of the California rabies of the Ca
Control Date: _ Signant Name (Title: \(\sigma\)	The county and or city shall conduct a quarantines, etc.) for the purpose of carryin control laws and regulations. PLEASE INDICATE BY AREA OR JURISDICTION COMPLIATE CALIFORNIA RAIL responsible for conducting the Rabies (Program in the jurisdiction or area: 2-15-07 The California area: 2-15-07 The California area:	rabies control program (rabies investigations, animal gout and enforcing the provisions of the California rabies Y ENDORSEMENT BELOW LANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM Endorsement by local Health Officer of authorized representative: Date: 2-15-07 Signature: Mike Harrod, DVM Title: Public Health Veterinaria San Diego County A. D. D. L.

2007 Statement of Enforcement

JHN-16-2007 13-07 FRUM EL CHJUN HNIML SHELIER 10 18383/14268 F.01

For January Through December, 2006

Jurisdiction for which this report is made.

CITY OF EL CAJON

Note: II report	for any item is none or zero, so indicate	NUM	BER
	A. Number of Actual Cost rabies public vaccination clinics held		1
RABIES	B. Number of animal control citations issued for rabics vaccination and licensing violations		61
VACCINATIONS		Dogs	Cat
AND	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	33	0
LICENSING	D. Dogs and cats licensed in Actual Cost public vaccination clinics	33	0
	E. Total number of dogs and cats LJCENSED in jurisdiction	2,650	0
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from)	5	1
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	1,317	1,10
	Dogs and cats captured by Animal Control Officers	476	63
	2. Dogs and cass surrendered by owners (not including those surrendered for quarantine)	341	329
CANINE	3. Dogs and cats surrendered by the public G1 THROUGH G5	354	593
AND	4. Dogs and cats impounded for animal bite quarantines ARE	29	11
FELINE	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	117	110
RABIES	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	1,313	1,10
CONTROL	1. Dogs and cats reclaimed by owner	454	16
	2. Dogs and cats adopted by new owners HI THOUGH H6	574	582
	3. Dogs and cats euthanized ARE	209	259
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	4	11
_	5. Dogs and cats stolen, escaped, etc.	3	4
	6. Dogs and cats transferred to another shelter	69	234
	I. Dead dogs and cats collected (excluding F, G and H above)	84	151
	J. Dogs and cats on had in the shelter (to be carried over)	9	1
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	77	
,		Dogs	Cats
	1. DOC and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	62	15
ANIMAL	a. Licensed dogs	24	0
BITE	b. vaccinated only	6	1
EPORTING	c. Neither licensed or vaccinated (but owned)	28	12
	d. Strays	4	2
	2. OTHER ANIMAL, bites reported, TOTAL: (Total should be the sum of a and b below)	1	
	a. Other domestics (excluding cats)	0	
	b. Wild	Ť ,	

JHN-10-506	AL 19.0(LKM, ET CHANH WATHE SHEFTEK IN 1898)(14500	Dogs	Cats
	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	0	0
ANIMAL	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	0	0
QUARANTINES	N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc) exposed to potentially rabid animals.	0	
	O. Number of 30 day or 6 month quarantines not completed because animals were cuthanized	0	
	P. Number of animal control officers employed in jurisdiction	3	
AGENCY ADMIN	Q. Name of agency or organization responsible for rabics control activities in this jurisdiction: EL CAJON ANIMAL CONTROL Address: 1275 N. MARSHALL, EL CAJON, CA 92020 Phone: (619) 579-3375		

Completed by:

Signature:

Name (print): Kathleen Cleveland

Title: Animal Control Services Manager

Agency: El Cajon Animal Control

Telephone: (619) 579-3375

Endorsed by local Health Officer or authorized representative:

Signature:

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

Agency: (see below)

Telephone:

mike, harrodasdeounty, ca.go

AFTER ENDORSEMENT

PLEASE FORWARD COMPLETED FORM TO:

S.D.C.A.D.D.L. Office of the County Veterinarian 5555 OVERLAND AVENUE BLDG, #4

SAN DIEGO, CA 92123

(858)694-2838

FAX: (858) 571-4268

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

Effective 2-14-07

SAN Diego County

In accordance with Section 121585 and 121690 of the California Health and Safety Code, and upon the declaration of the Director of Health Services that all California counties are "Rabics Areas", the following statutory and regulatory programs must have continued enforcement in your jurisdiction: 1. The owner of every dog over four months of age shall ensure that their animal is currently vaccinated for rabics and licensed. Dogs less than four months of age must be kept at home, or supervised on leash. 2. An animal/rabics control program must be implemented on a county-wide basis to include an animal pound system, animal bite reporting, and stray animal control. 3. The county and or city shall provide or arrange for "Actual Cost" canine rabies vaccination clinics. The Department of Health Services approved "actual cost" vaccination fee in 2006 is \$6.00 per dog. 4. The county and or city shall conduct a rabics control program (rabies investigations, animal quarantines, cit.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations. PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2-14-07 Signature: Date: 2-	(Count	y) J	(Date)
declaration of the Director of Health Services that all California counties are "Rabics Arcas", the following statutory and regulatory programs must have continued enforcement in your jurisdiction: 1. The owner of every dog over four months of age shall ensure that their animal is currently vaccinated for rabies and licensed. Dogs less than four months of age must be kept at home, or supervised on leash. 2. An animal/rabies control program must be implemented on a county-wide basis to include an animal pound system, animal bite reporting, and stray animal control. 3. The county and or city shall provide or arrange for "Actual Cost" canine rabies vaccination clinics. The Department of Health Services approved "actual cost" vaccination fee in 2006 is \$6.00 per dog. 4. The county and or city shall conduct a rabies control program (rabies investigations, animal quarantines, etc.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations. PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2/1417 Signature: Date: Date: 2/1417 Signatu		Fres of Escondido, SAN Specify the Area or Jurisdi	MARCOS POWAY ction for Which this Statement is Made
rabies and licensed. Dogs less than four months of age must be kept at home, or supervised on leash. 2. An animal/rabies control program must be implemented on a county-wide basis to include an animal pound system, animal bite reporting, and stray animal control. 3. The county and or city shall provide or arrange for "Actual Cost" canine rabies vaccination clinics. The Department of Health Services approved "actual cost" vaccination fee in 2006 is \$6.00 per dog. 4. The county and or city shall conduct a rabies control program (rabies investigations, animal quarantines, ctc.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations. PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Onte: 2-14-07 Date: 2-14-07 Signature: Date: 2/14/17	declar	ration of the Director of Health Services tha	t all California counties are "Rabics Arcas", the following
pound system, animal bite reporting, and stray animal control. 3. The county and or city shall provide or arrange for "Actual Cost" canine rabies vaccination clinics. The Department of Health Services approved "actual cost" vaccination fee in 2006 is \$6.00 per dog. 4. The county and or city shall conduct a rabies control program (rabies investigations, animal quarantines, ctc.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations. PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2-14-07 Date: 2/1417 Signature: Date: 2/1417 Signature: Si	1.		
Department of Health Services approved "actual cost" vaccination fee in 2006 is \$6.00 per dog. 4. The county and or city shall conduct a rabies control program (rabies investigations, animal quarantines, ctc.) for the purpose of carrying out and enforcing the provisions of the California rabies control laws and regulations. PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2-14-07 Date: 2/1417 Signature: Date: 2/1417 Signature: Signature: Saluy Costevo Title: OFC Pables Control Address: 3450 E Valley PLWY Escondido CA 92027 Escondido CA 92027	2.		
PLEASE INDICATE BY ENDORSEMENT BELOW AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2-14-07 Signature: Date: 2/14/17 Signature: Date: 2/14/17 Name (print): TEAC: Chavez Title: OTC Pables Control Address: 3450 E VALLEY PLWY ESCONDINO CA 92027 ESCONDINO CA 92027	3.		
AREA OR JURISDICTION COMPLIANCE WITH THE REQUIREMENTS OF THE CALIFORNIA RABIES CONTROL PROGRAM Person responsible for conducting the Rabies Control Program in the jurisdiction or area: Date: 2-14-07 Signature: Date: 2/14/17 Signature: Date: 2/14/17 Name (print): TEAC: Chavez Title: OFC Pabies Control Address: 3450 E VALLEY PLWY ESCONDINO CA 92027 ESCONDINO CA 92027	4.	ctc.) for the purpose of carrying out and en	
Control Program in the jurisdiction or area: Date: 2-14-07 Signature: Laver Chavez Name (print): TRACI CHAVEZ Title: O'FC RABIES Control Address: 3450 E VAlley PKWY ESCONDIDO CA 92027 Sor authorized representative: Date: 2/14/17 Signature: Lawy Cuttle Name (print): SALLY COSTBLO Title: EXECUTIVE DIRECTOR Address: 3450 E VALLEY PKWY ESCONDIDO CA 92027		AREA OR JURISDICTION COMPL	IANCE WITH THE REQUIREMENTS OF
Signature: Nouvel Chavez Name (print): TRACI CHAVEZ Name (print): SALLY COSTBUO Title: OFC RABIES ContROL Address: 3450 E VAlley PKWY ESCONDIDO CA 92027 ESCONDIDO CA 92027			
	Signatu Name (p	E-have Chavez DIC Pables Control 3450 E VAlley PKWY	Signature: Sully Cutille Name (print): SALLY COSTBLO Title: EXECUTIVE DINBAR Address: 3450 E VALLEY PRWY
	Telepho		

Local Health Departments: Please forward the endorsed form to the Department of Health Services, Veterinary Public Health Section, MS 7308, P. O. Box 997413, Sacramento, CA 95899-7413, Telephone (916) 552-9740, Fax (916) 552-9725

2006 Statement of Enforcement

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made: Cities of Escondido, San Marcos and Poway Escondido Humane Society 3450 E. Valley Pkwy.

Escondido, Ca 92027

Die. Il report for au	y item is "none" or "zero", so indicate A. Number of "Actual Cost" rabies public vaccination clinics held	NUM	36
45 A 1/2 Value	Number of "Actual Cost" rabies public vaccination clinics held Number of animal control citations issued for rabies vaccination and licensing violations		84
RABIES	2. ATOMINAL OF SHIFTING ANGIOTIO ISSUES TO LIAMO ASSOCIATION STATEMENT ANGIOTION	Dogs	Ca
VACCINATION	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	701	0
AND	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	710	0
LICENSING	E. Total number of dogs and cats LICENSED in jurisdiction	18754	0
	F. Dogs and cats on hand in the shelter January 1, 2005 (carried over from 2004)	119	118
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	2768	216
	Dogs and cats captured by Animal Control Officers	881	152
	Dogs and oats surrendered by owners (not including those surrendered for quarantine)	754	491
CANINE	Dogs and cate surrendered by the public G1 THROUGH G5	1077	148
AND	4. Dogs and cats impounded for animal bite quarantines ARE	39	17
	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	17	15
FELINE	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	2909	318
RABIES	Dogs and cats reclaimed by owner	930	726
CONTROL	2. Dogs and cats adopted by new owners H1 THROUGH H6	914	850
	3. Dogs and cats euthanized ARE	853	1292
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	29	259
	5. Dogs and cats stolen, escaped, etc.	1	1
•	6. Dogs and cats transferred to another shelter	182	60
-	L Dead dogs and cats collected (excluding F, G and H above).	689	567
	J. Dogs and cats on hand in the shelter December 31, 2005 (carried over to 2006)	147	245
]-	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	1;	83
1		Dogs	Ca
-	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	122	51
ANIMAL	a, Licensed	4	0
BITE	b. Vaccinated only	33	2
EPORTING	c. Neither licensed or vaccinated (but owned)	67	19
-	d. Strays	18	30
1	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	1	0
	a. Other domestics (excluding cats)		3
	b. Wild		7

	<u>N</u>		NUM	<u>MBER</u>
		·	Dogs	Cats
<u>, , , ,</u>	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	2	0
	M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	1	0
ANIMAL QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		0
`	0.	Number of 30 day or 6 month quarantines not completed because animals were euthanized		0
	P.	Number of animal control officers employed in jurisdiction		7
AGENCY	Q.	Name of agency or organization responsible for rabics control activities in this jurisdiction:		
ADMIN		Escondido Humane Society		
		Address: 3450 E. Valley Pkwy, Escondido, Ca 92027		
		Phone: (760) 888-2251		

Completed by:

Title: OIC Rabies Control Officer

Agency: Escondido Humane Society

Telephone: (760)888-2251

Email: tracic@escondidohumanesociety.org

Endorsement by local Health Officer or authorized representative:

Signature:

Name (print): Sally Costello

Title: Executive Director

Agency: Escondido Humane Society

Telephone: (760)888-2201

Email: sallyc@escondidohumanesociety.org

AFTER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

> PHONE: (916) 552-9740 FAX: (916) 552-9725

Mike Harrod, DVM
Mike Harrod, DVM
Public Health Veterinarian
San Diego County A.D.D. L.
Office of the County Veterinaria
5555 Overland Ave., Ste 4103
San Diego, CA 92123-1250
(858) 694-2838
mike.harrod@sdcounty, ca.g.

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

(Cou	Dan Diego	Efficative 2/12/07 (Date)
	/ 2 1/1	(Date)
	Specify the Area or Jurisdicti	ion for Which this Statement is Made
déci	ccordance with Section 121585 and 121690 c aration of the Director of Health Services that a story and regulatory programs must have contin	of the California Health and Safety Code, and upon the all California counties are "Rabies Areas", the following nued enforcement in your jurisdiction:
1.	The owner of every dog over four months of for rabies and licensed. Dogs less than fou leash.	fage shall ensure that their animal is currently vaccinated ir months of age must be kept at home, or supervised on
2 .	An animal/rabies control program must be it pound system, animal bite reporting, and st	mplemented on a county-wide basis to include an animal ray animal control.
3.	The county and or city shall provide or arra The Department of Health Services approve	inge for "Actual Cost" canine rables vaccination clinics. ed "actual cost" vaccination fee in 2007 is \$6.00 per dog.
1.	The county and or city shall conduct a quarantines, etc.) for the purpose of carrying control laws and regulations.	rables control program (rables investigations, animal out and enforcing the provisions of the California rables
	AREA OR JURISDICTION COMPLIA	ENDORSEMENT BELOW NCE WITH THE REQUIREMENTS OF IES CONTROL PROGRAM
erson Contro	responsible for conducting the Rabies I Program in the jurisdiction or area;	Endorsement by local Health Officer or authorized representative;
ate: _	2/12/07	Date: 2/14/07
gneti	ure: Cassio Afunnark	Signature: Mike Harrow
ame ((print): Cassie Newmark	Name (print): Mike Harrod, DVM
	Animal Control Officer	Title: Public Health Veterinarian
ddres	E BIBL Allison Ave La Mesa CA 91941	Address: Office of the County Veterinar 5555 Overland Ave., Ste 4103
elepho	one: 619 667 1436	San Diego, CA 92123-1250. Telephone: 858-694-2838
	•	

Local Health Departments. Please forward the endorsed form to the Department of Health Services, Veterinary Public Health Section, MS 7308, P. O. Box 997413, Sacramento, CA 95899-7413, Telephone (916) 552-9740, Fax (916) 552-9725

2007 Statement of Enforcement

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For Through, 2006

Jurisdiction for which this report is made.

CITY OF LA MESA

Note: If report	or any item is none or zero, so indicate	NUME	ER
	A. Number of Actual Cost rabies public vaccination clinics held	O)
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations	3	
VACCINATIONS		Dogs	Cats
AND	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	Û	0
LICENSING	D. Dogs and cats licensed in Actual Cost public vaccination clinics	0	0
	E. Total number of dogs and cats LICENSED in jurisdiction	4030	0
	F. Dogs and cats on hand in the shelter January 1, 2000 (carried over from)	0	0
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	251	112
	1. Dogs and cats captured by Animal Control Officers	84	25
	2. Dogs and cars surrendered by owners (not including those surrendered for quarantine)	51	48
CANINE	3. Dogs and cats surrendered by the public G1 THROUGH G5	115	39
AND	4. Dogs and cars impounded for animal bitc quarantines ARE	1	0
FELINE	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	0	0
RABIES	H. Disposition of dogs and cars entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	251	112
CONTROL	1. Dogs and cats reclaimed by owner	134	9
	2. Dogs and cats adopted by new owners H1 THOUGH H6	0	0
	3. Dogs and cats euthanized ARE	0	0
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	0	0
	5. Dogs and cats stolen, escaped, etc.	0	0
	6. Dogs and cats transferred to another shelter	117	103
	I. Dead dogs and cats collected (excluding F, G and H above)	0	0
	J. Dogs and cats on had in the shelter (to be carried over)	0	0
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
		Dogs	Cat
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	28	7
ANIMAL	a. Licensed dogs	5	0
BITE	b. Vaccinated only	10	4
REPORTING	c. Neither licensed or vaccinated (but owned)	10	1
	d. Strays	3	2
	2. OTHER ANIMAL, bites reported, TOTAL: (Total should be the sum of a and b below)	()
	a. Other domestics (excluding cats)	()
	b. Wild)

MESA TULIVE

	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	0	0
ANIMAL	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	0	0
QUARANTINES	N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc) exposed to potentially rabid animals.	()
	O. Number of 30 day or 6 month quarantines not completed because animals were euthanized	()
	P. Number of animal control officers employed in jurisdiction	1	1
AGENCY ADMIN	 Q. Name of agency or organization responsible for rabics control activities in this jurisdiction: LA MESA ANIMAL CONTROL Address: 8181 Allison Ave La Mesa, CA 91941 Phone: (619) 667-1436 		

Compl	eted	bу
-------	------	----

Signature:

Name (print): Cassandra Newmark

Title: Animal Control Officer

Agency: La Mesa Animal Control

Telephone: (619) 667-1436

Endorsed by local Health Officer or authorized representative:

Signature: Mike Hano

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian
San Piego County A.D.D.L.
Agency: Office of the County Veterinarian

Telephone: (898)694-2838

AFTER ENDORSEMENT

PLEASE FORWARD COMPLETED FORM TO:

S.D.C.A.D.D.L. Office of the County Veterinarian

5555 OVERLAND AVENUE BLDG. #4

SAN DIEGO, CA 92123

(858)694-2838

FAX: (858) 571-4268

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COTTNTY VET

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCCAL RABIES CONTROL ACTIVITIES Completed Form to be forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Contro	of Requirements is for the Declared Endemic Area, described below: 02-13-2007
San Diego County	Effective
(County)	(Dato)
City of National City, Ca. 91950 Specify the Area or J	Jurisdiction for Which this Statement is Made
	f the California Health and Safety Code, and upon the
- The second of order dog over four more	ths of age shall ensure that their animal is currently vaccinated for rabies has of age must be kept at home, or supervised on leash.
 An animal/rabies control program must pound system, animal bite responding, 	t be implemented on e county-wide basis to include an animal and stray animal control.
The Department of Health Services app	r arrange for "Actual Cost" canine rabies vaccination clinics. proved "actual cost" vaccination fee in 2007 is \$6.00 per dog.
 The county and or city shall conduct a for the purpose of carrying out and enforcegulations. 	rabies control program (rabies investigations, animal quarantines, etc.) orcing the provisions, of the California rabies control laws and
ADEA OD HIRISDICTION (ICATE BY ENDORSEMENT BELOW COIWPLIANCE WITH THE REQUIREMENTS OF RNIA RABIES CONTROL PROGRAM
Person responsible for conducting the Rabies Control Program in the jurisdiction or area;	Endorsement by local Health Officer or authorized representative;
Date: 02-13-2007	2/14/07 Date: 02-13-2007
Signature: Jane Gordon	Mike Hanod Signature: June 6-ordon
	Mike Harrod, DVM Name (print); Jane Gordon
Name (print), <u>Yane Gordon</u>	Mike Harrod, NM Name (print); <u>Jane Gordon</u> Public Health Vet. Title: Animal Regulations Officer
Name (print); <u>Yane Gordon</u>	Mike Harrod, DVM Name (print); <u>Jane Gordon</u> Public Health Vet. Title: <u>Animal Regulations Officer</u> San Diego Co. A.D.O.L. Office of the Co. Vet. Address: <u>1200 National City Blvd</u>
Name (print); <u>Jane Gordon</u> Title: <u>Animal Regulations Officer</u>	Mike Harrod, NM Name (print); <u>Jane Gordon</u> Public Health Vet. Title: Animal Regulations Officer

Local Health Departments; Please forward the endorsed form to the Department of Health Services, Veterinary Public Health Section, MS 7308, P.O. Box 997413, Sacramento, CA 95899-7413, Telephone (916) 552-9725

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made.

CITY OF NATIONAL CITY

Note: If report fo	or any item is none or zero, so indicate	NUMB	ER
Moter if Johnson	A. Number of Actual Cost rabies public vaccination clinics hold	230	
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations		
VACCINATIONS		Dogs	Cuts
AND	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	2187	104
LICENSING	D. Dogs and cat's licensed in Actual Cost public vaccination clinics	220	N/A
LICENSING	E. Total number of dogs and cats LICENSED in jurisdiction	3333	N/A
	Town 1 2000 (coming over from)	N/A	Ŋ/Λ
	would be and sound the sum of the Shelow)	530	895
	G. Dogs and cats entering the shelter, TOTAL: (1 and should equal the sould of 1 to 5 see 1. 1. Dogs and cats captured by Animal Control Officers	393	813
	Dogs and cats surrendered by owners (not including those surrendered for quarantine)	123	80
	Dogs and cats surrendered by the public	N/A	N/A
CANINE	Dogs and eats impounded for animal bite quarantines ARE	14	2
AND	Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	N/A	N/A
FELINE	5. Dogs and cas university and the TYOTAI (Total should equal the sum of 1 to 6 below)	510	797
RABIES		133	6
CONTROL	1. Dogs and eats reclaimed by owners 1. Dogs and eats reclaimed by new owners H1 THOUGH H6	222	186
	2. Dogs my cars accepted by the constant of th	146	605
	3. Dogs and cars cumanized	N/A	N/A
	4. Logs and the that the	N/A	N/A
	5. Dogs and cats stoken, escaped, etc.	N/A	N/A
	6. Dogs and cuts transferred to another shelter	38	124
	I. Dead dogs and cats collected (excluding F, G and H above)	N/A	N/A
	J. Dogs and cats on had in the shelter (to be carried over)		2
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	Dogs	Cat
	the second distance of the cond distance of the con	36	6
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	12	N/A
ANIMAL	n. Licensed dogs	3	0
BITE	b. Vaccinated only	18	\ \frac{1}{1}
REPORTING	e. Neither licensed or vaccinated (but owned)	3	5
	d. Strays		0
	2. OTHER ANIMAL, bites reported, TOTAL: (Total should be the sum of a and b below)		
	a. Other domestics (excluding cats)		0
	b. Wild		0

70H0000T0 07*TT 1007/HT/70

	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	0	0
ARCHEAT	L. Number of 30 day quarantines for unvaccinated dogs and cuts exposed to potentially rabid animals M. Number of 6 month quarantines for unvaccinated dogs and cuts exposed to potentially rabid animals	0	0
ANIMAL QUARANTINES	N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc) exposed to potentially tabid animals.	0	
	O. Number of 30 day or 6 month quarantines not completed because animals were cuthanized		0
	P. Number of animal control officers employed in jurisdiction		
AGENCY ADMIN	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: NATIONAL CITY POLICE, ANIMAL REGULATIONS		
	Address: 1200 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950 Phone: (619) 336-4478		

Completed by:	Endorsed by local Health Officer or Authorized representative:
Signature: Jane Gordon Name (print): Jane Gordon	Signature: Jane Gordon Name (print): Jane Gordon
Title: Animal Regulations Officer	Title: Animal Regulations Officer
Agency: National City Police / Animal Control	Agency: National City Police / Animal Contro
Telephone: (619) 336-4478	Telephone: (619) 336-4478
Email: jgordon@ci.national-city.ca.us	

AFTER ENDORSEMENT

PLEASE FORWARD COMPLETED FORM TO:

S.D.C.A.D.D.L.
Office of the County Veterinarian
5555 OVERLAND AVENUE BLDG. #4

SAN DIEGO, CA 92123

(858)694-2838

FAX: (858) 571-4268

Mike Harrod, DVM Public Health Veterinarian

mike. harrod@sdcounty.ca.go

02/20/2007 11:09 FAX 8585714268

COUNTYVET

Ø 002

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

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Local Health Departments: Please forward the endorsed form to the Department of Health Services, Veterinary Public Health Section, MS 7308, P. O. Box 997413, Sacramento, CA 93899-7413. Telephone (916) 552-9740, Fax (916) 552-9725

2007 Statement of Enforcement

→ NCHS

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this raport is made;

San Diego County North (Oceanside + Vista) North County Humane Society

ote: If report for a	my item is "none" or "zero", so indicate	NUM	BER
•	A. Number of "Actual Cost" rabies public vaccination clinics held	1.	2
RABIES	B. Number of animal control citations issued for rables vaccination and licensing violations		
VACCINATION		Dogs	Cat
AND	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	867	5
LICENSING	D. Dogs and eats licensed in "Actual Cost" public vaccination clinics		
	B. Total number of dogs and cats LICENSED in jurisdiction	11,710	
	E Dogs and cots on hund in the shelter January 1, 2006 (carried over from 2005)	144	98
	G. Dogs and cats entering the shelter, TOTAL; (Total should equal the sum of 1 to 5 below)	4970	291
	Dogs and cats captured by Animal Control Officers		
	2 Dogs and cats surrendered by owners (not including those surrendered for quarantine)		
CANINE	3. Dogs and only surrendered by the public GI THROUGH GS	(
,	4. Dogs and cats impounded for animal bite quarantines ARE	1	
AND	5. Dogs and caus transferred from another shelter MUTUALLY EXCLUSIVE		
FELINE	M. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	2638	213
Rabies	Dogs and cats reclaimed by owner	745	S
CONTROL	2. Dogs and cass adopted by new owners H1 THROUGH H6	1.188	103
	Dogs and cars euthanized ARE	590	962
	4. Dogs and cass that died of other causes MUTUALLY EXCLUSIVE	0	0
1	5. Dogs and cats stolen, escaped, etc.	6	8
	6. Dogs and cats transferred to another shelter	109	78
	I. Dead dogs and cars collected (excluding F, G and H above).		
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	<u> </u>	
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
		Dogs	Cats
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	147	24
ANIMAL	a. Licensed	77	0
BITE	b. Varginated only	33	5
EPORTING	c. Neither licensed or vaccinated (but owned)	112	8
EFUKIINU	d, Strays	24	
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	3	
	a. Other domestics (excluding cats)	0	
	b, Wild	3	

PAGE 03 **2**003/003

		NUMBER	
	·	Dogs	Cats
L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	Q	O
M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	0	1
N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals)
O.	Number of 30 day or 6 month quarantines not completed because animals were cuthanized		5
P,	Number of snimal control officers employed in jurisdiction	Ц	· .
. Q.	Name of agency or organization responsible for rabies control activities in this jurisdiction: SD County Address: SAN Diego, CA Phone: ((019) (992-8500)		a
	M. N. O. P,	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals O. Number of 30 day or 6 month quarantines not completed because animals were cuthanized P. Number of animal control officers employed in jurisdiction O. Name of agency or organization responsible for rabies control activities in this jurisdiction: Address: SAN Diego, CA	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals O. Number of 30 day or 6 month quarantines not completed because animals were cuthanized P. Number of animal control officers employed in jurisdiction Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: Address: AN Diego, CA

•	$0 \le 1$	
Signature:	Las	
	0 1 -	

Name (print): CAROU LOW Title:

Completed by:

Agency:

Telephone:

Email:

Endorsement by local Health Officer or authorized representative:

Signature: Name (print): Mike

of the County Veterinarian Overland Ave., Ste. 4103 Diego, CA 92123-1250

AFTER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725

TRANSMISSION OK

TX/RX NO

4409

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SUBADDRESS CONNECTION ID

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RESULT

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ROBERT G. ATKINS

AGRICULTURAL COMMISSIONER SEALER OF WEIGHTS AND MEASURES

County of San Diego

DEPARTMENT OF AGRICULTURE, WEIGHTS & MEASURES
5555 Overland Ave., Bldg. 4, San Diego, CA 92123-1292

COUNTY VETERINARIAN (858) 571-4268 FAX

> (858) 894-2938 PHONE

FAX COVER SHEET

TO: <u>Sharon</u>	Shewry	(916) 552-9725
FROM:	Mike Harrod, DVM Office of the County	Veterinarian (SDCADDL)
SUBJECT: Cenne	nal Report of Loca ment of Enforceme	Rabies Control activities ent of Jour Rabies Control activities
SENT BY: M.	Harring	TODAY'S DATE: 2/20/07
NUMBER OF PA	GES FOLLOWING T	HIS COVER SHEET: 3
NOTES: Shis	is the final second	tion for the San Drego your office on Friday,

COUNTYVET

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

(County)	(Date)
CAMO Pendle	tar
Specify the Area or Jurisdiction for	Which this Statement is Made
In accordance with Section 121585 and 121690 of the declaration of the Director of Health Services that all C statutory and regulatory programs must have continued	alifornia counties are "Rabies Areas", the lonowing
 The owner of every dog over four months of age for rabies and licensed. Dogs less than four mo- leash. 	shall ensure that their animal is currently vaccinated on this of age must be kept at home, or supervised on
 An animal/rabies control program must be imple pound system, animal bite reporting, and stray a 	emented on a county-wide basis to include an animal unimal control.
3. The county and or city shall provide or arrange The Department of Health Services approved "a	for "Actual Cost" canine rabies vaccination clinics. ctual cost" vaccination fee in 2007 is \$6.00 per dog.
 The county and or city shall conduct a rabi quarantines, etc.) for the purpose of carrying out control laws and regulations. 	es control program (rabies investigations, animal and enforcing the provisions of the California rabies
PLEASE INDICATE BY EN AREA OR JURISDICTION COMPLIANO THE CALIFORNIA RABIES	CE WITH THE REQUIREMENTS OF
Person responsible for conducting the Rabies	Endorsement by local Health Officer
Control Program in the jurisdiction or area:	or authorized representative:
Date: 2.14.C.7	Date: 2/14/07
Signature: (1705H)	Signature: Me Hand
Name (print): (12517 CCT)	Name (print): Mike Harrod, WM
Title: S. DCKINSO-	Title: Public Health Veterinarian
Address:	San Riego County A. D.D.L. Address: Office of the County Veterinarian 5555 Overland Ave., Ste 4103 San Diego, CA 92123-1250
Telephone: 16C-735812C	Telephone: (858)694-2838
Local Health Departments: Fleage forward the endorsed form to the Department	ent of Health Services, Velerinary Public Health Section, MS 7308, P. O.
Box 997413, Sacramento. CA 93899-7413, Telephone (916) 552-9740, Fax	(916) 552-9125 2007 Statement of Enforcement

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

Note: At report for	any item is "none" or "zero", so indicate		
	A. Number of "Actual Cost" rabies public vaccination clinics held		MBER
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations	+	<u>}</u>
VACCINATION	A Least Tel Tables Vaccination and licensing violations		
AND	C. Dogs and cats vaccimated in "Actual Cost" public vaccination clinics	Dogs	Cats
LICENSING	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	10	10
LICENSING	E. Total number of dogs and cats LICENSED in jurisdiction		Le
	E Dans and care on head to about the purisdiction		
	F Dogs and cars on hand in the shelter January 1, 2006 (carried over-from 2005)		
	Total should equal the sum of 1 to 5 below)		
	and sand saprated by Amircai Control Officers	150	62
	5 ogs tate cars surrendered by owners (not including those surrendered for quarantine)	150	(07
CANINE	Dogs and cats surrendered by the public G) THROUGH G5	150	C 2
AND	4. Dogs and cats impounded for animal bite quarantines ARE	77	
FELINE	5. Dogs and cars transferred from another shelter MUTUALLY EXCLUSIVE	6	
RABIES	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	1	
CONTROL	1. Dogs and cats reclaimed by owner	100	2
CONTROL	2. Dogs and care adopted by new owners H1 TEROUGH H6	367	
	3. Dogs and cars cuthanized ARE		18
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE		$\stackrel{\sim}{\sim}$
ļ.	5. Dogs and cats stolen, escaped, etc.		
<u>_</u>	6. Dogs and cuts transferred to another shelter		==1
	Dead dogs and cats collected (excluding F, G and H above).		\Longrightarrow
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	()	9
Li	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
	should be the surn of 1 and 2 below)		
<u>L</u>	1. DOG and CAT bites reported TOTAL (TOTAL)	Dogs	Cats
ANIMAL	DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below) a. Licensed		
	b. Vaccinated only	0	
BITE	- incommed unity		
REPORTING	and included of vaccinated (but owned)		
		5	
	total should be the sum of a and b below)		
. -	(Jiner domestics (excluding cats)	<u> </u>	
ease Complete Re	b. Wild		
awe Commete Ra	EVERSE		

lease Complete Reverse

CDHS, DCDC, VPHS 2006

			NUN	MBER
			Dogs	Cats
	L.	Number of 30 day quarentines for vaccinated dogs and cats exposed to potentially rabid animals	<u></u>	
ANIMAL	M.	Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	4	
QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		
	O.	Number of 30 day or 6 month quarantines not completed because animals were cuthanized		
	P.	Number of snimal control officers employed in jurisdiction	7	
AGENCY ADMIN	Q.	Name of agency of organization responsible for rabies control activities in this jurisdiction: CAMP Portalo For August Carford Address: Phone: 160, -725-850		

Completed by:
Signature: CUESIA SCALACY
Vame (print): 10000 Xalte
ride: Spart'Sa
Agency:
[elephone: 760-725-8120
imail:

Endorsement by local Health Officer or authorized representative:

Name (print): Mike Harrad, DVM

Title: Public Health Veterinarian

Agency: Office of the County Veterinarian

Telephone: (858) 694-2838

Email: mike harrodo socounty, ca, gov

AFTER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725



State of California—Health and Human Services Agency Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

January 10, 2007

To:

All County Public Health Laboratory Directors or Health Officers

Subject:

Provisional Reported Animal Rabies by County and Species, CA, 2006 and

Animal Specimens Examined for Rabies, by Month, 2006

The Provisional Reported Animal Rabies by County and Species, 2006 is enclosed for your review and verification. Also enclosed is the Animal Specimens Examined for Rabies, by Month, 2006 form. This form should be completed for animals found within your jurisdiction and tested by your public health laboratory or by the public health laboratory you contract with for animal rabies testing. If your Public Health Laboratory contracts to test specimens for other counties, please only report animal cases tested from within your jurisdiction to avoid duplicate reporting.

Please carefully compare your county's rabies case records for 2006 with the provisional rabies table. If the figures are correct as shown on the provisional rabies table, please sign and forward it to this office. If a discrepancy exists, please identify the correct figure(s) and forward the form to this office. It is possible that there were some cases not previously reported on the enclosed Animal Rabies Case Report form (PM-102). If so, please complete the PM-102 forms for these cases and fax the reports to (916) 552-9725.

Thank you for your prompt attention to this matter. Your early return of the *Animal Specimens Examined for Rabies, by Month, 2006* and the *Provisional Reported Animal Rabies by County and Species, 2006* will enable us to compile the final rabies table for 2006 for distribution and timely submission of the data to the Centers for Disease Control and Prevention. **Please return all forms by Friday, February 16, 2007.**

If you require further information or clarification, please contact the Veterinary Public Health Section at (916) 552-9740 or by email at vetph@dhs.ca.gov. Your support of the California Rabies Control Program is greatly appreciated.

Ben Sun, D.V.M., M.P.V.M.

Acting Chief

Veterinary Public Health Section

Enclosures

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

This Statement of Enforcement of Rabies Control Requirements is for the Declared "Rabies Endemic Area" described below:

(Cou	inty)	· (Date)
	Specify the Area or Juris	sdiction for Which this Statement is Made
decl	accordance with Section 121585 and 12169 laration of the Director of Health Services that atory and regulatory programs must have co	90 of the California Health and Safety Code, and upon th hat all California counties are "Rabies Areas", the following intinued enforcement in your jurisdiction:
1.		ns of age shall ensure that their animal is currently vaccinated four months of age must be kept at home, or supervised or
2.	An animal/rabies control program must pound system, animal bite reporting, an	be implemented on a county-wide basis to include an anima d stray animal control.
3.	The county and or city shall provide or The Department of Health Services appr	arrange for "Actual Cost" canine rabies vaccination clinics roved "actual cost" vaccination fee in 2007 is \$6.00 per dog
4.		a rabies control program (rabies investigations, animal ving out and enforcing the provisions of the California rabies
	AREA OR JURISDICTION COMP.	BY ENDORSEMENT BELOW LIANCE WITH THE REQUIREMENTS OF ABIES CONTROL PROGRAM
Person Contro	n responsible for conducting the Rabies of Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:
Date:		Date:
Signature:		Signature:
Name ((print):	Name (print):
Title: _		Title:
Addres	ss:	Address:
Telephone:		Telephone:

Local Health Departments: Please forward the endorsed form to the Department of Health Services, Veterinary Public Health Section, MS 7308, P. O. Box 997413, Sacramento, CA 95899-7413, Telephone (916) 552-9740, Fax (916) 552-9725

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

ote: 11 teport to	any item is "none" or "zero", so indicate	NUI	MBER
	A. Number of "Actual Cost" rabies public vaccination clinics held		
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations	·	
VACCINATION		Dogs	C
AND	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics		1
LICENSING	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics		1
	E. Total number of dogs and cats LICENSED in jurisdiction		
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)		丰
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)		1
	Dogs and cats captured by Animal Control Officers	*	†
	2 Dogs and cats surrendered by owners (not including those surrendered for quarantine)		1
CANINE	3. Dogs and cats surrendered by the public G1 THROUGH G5		_
AND	4. Dogs and cats impounded for animal bite quarantines ARE		<u> </u>
FELINE	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	*******	
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
RABIES	Dogs and cats reclaimed by owner		
CONTROL	2. Dogs and cats adopted by new owners H1 THROUGH H6		
	3. Dogs and cats euthanized ARE		
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE		
	5. Dogs and cats stolen, escaped, etc.		
	6. Dogs and cats transferred to another shelter		
	I. Dead dogs and cats collected (excluding F, G and H above).		
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)		
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		-
Ĺ	1 (2 out should be the suit of 1 and 2 below)	D. T	
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	Dogs	Cat
NIMAL -	a. Licensed		
	b. Vaccinated only		
BITE	c. Neither licensed or vaccinated (but owned)		·
PORTING	d. Strays		· · · · · ·
			
	OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below) a. Other domestics (excluding cats)		
: [b. Wild		

		•		NUN	/BER			
	,			Dogs	Cats			
	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals							
ANIMAL	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid ani							
QUARANTINES	N.	Number of 6 month quarantines for dom- rabid animals	estic livestock (horses, cattle, etc.) exposed to potentially					
	O.	Number of 30 day or 6 month quarantines not completed because animals were euthanized						
	P. Number of animal control officers employed in jurisdiction							
AGENCY ADMIN	.Q.		ble for rabies control activities in this jurisdiction:					
		Phone: _()_						
Completed by:	•		Endorsement by local Health Officer or authorized representative:					
Signature:			Signature:					
Name (print):			Name (print):					
			Title:					
lgency:			Agency:					
elephone:			Telephone:					
mail:			Email:					

AFTER ENDORSEMENT PLEASE FORWARD COMPLETED FORM TO:

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

> PHONE: (916) 552-9740 FAX: (916) 552-9725

- PROVISIONAL REPORTED ANIMAL RABIES BY COUNTY AND SPECIES CALIFORNIA, JANUARY 1 THROUGH DECEMBER 31, 2006

COUNTY	CAT 0	CATTLE ·	DOG 0	HORSE 0	SHEEP 0	BAT 131	COYOTE 0	FOX 2	RACCOON 0	SKUNK 38	OTHER*	TOTAL 171
Alameda	0	0	ó	0	0	0	0	0	0	0	0	0
-Alameda HD	ŏ	ŏ	ő	Ö	ŏ	Ö	0	Ö	Ö	0	0	0
-Berkeley HD	0	Ō	Ŏ	ō	Ö	Ö	ő	ő	ŏ	ő	Ö	Õ
Alpine	0	Ô	Ö	0	ō.	Ö	Ö	ŏ	ő	ŏ	Ö	Õ
Amador	0	0	Ō	Õ	Ö	1	ŏ	ŏ	ő	Ŏ	Ö	1
Butte	0	0	0	0	0	8	0	0	- 0	0	0	8
Calaveras	0	Ö	ō	ō	Ö	1	Ŏ	Ö	Ö	Ö	Ö	1
Colusa	0	Ö	Ŏ	Ö	Ö	ò	Ö	Ö	ő	Ö	0.	'n
Contra Costa	Ö	ō	ō	ŏ	Ö	6	ő	Õ	ő	0	0.	6
Del Norte	ō	ō	ŏ	ő	ő	Ö	ő	Ö	ŏ	0	0	0
El Dorado	0	0	0	0	0	2	0	0	ŏ	0	0	2
Fresno	Ö	ō	ŏ	Ö	ŏ	9	Ö	ő	ŏ	3	0	12
Glenn	ō	ő	Ö	0	Ö	3	Ö	0	0	0	0	3
Humboldt	Õ	ő	Ö	0	0	4	0	1	0	0	0	5
Imperial	Ö	Ö	0	Ö	0	0	0	ò	0	0	0	0
Inyo	0	0	0	0	0	2	0	0	0	0	0	
Kern	ő	0	0	0	-	10				-		2
	0	0	0		0		0	0	0	0	0	10
Kings	_	-		0	0	0	0	0	0	0	0	0
Lake	0	0	0	0	0	0	0	0	0	0	0	0
Lassen	0	0	0	0	0	0	0	0	0	0	0	0
Los Angeles	0	0	0	0	, 0	7	0	0	0	0	0	7
-Los Angeles HD	0	0	0	0	0	6	0	0	0	0	0	6
-Long Beach HD	0	0	0	0	0	1	0	0	0	0	0	1
-Pasadena HD	0	0	0	0	0	0	0	0	0	0	0 .	0
Madera	0	0	0	. 0	0	0	0	0	0	0	0	0
Marin	0	0	0	0	0	16	0	0	0	0	0	16
Mariposa	0	0	0	0	0	0	0	0	0	1	0	1
Mendocino	0	0	0	0	0	0	Õ	Ō	Ö	Ò	Ö	Ö
Merced	0	0	0	Ō	Ō	1	Ö	ō	ō	Ŏ	Ŏ	1
Modoc	ō	Ö	Õ	ŏ	Ŏ	ò	Ö	Ö	ő	ŏ	Ö	ó
Mono	0	. 0	0	Ō	0	0	0	0		0	0	0
Monterey	Ö	Ö	Ö	0	0	1	0	1	0	9	0	11
Napa	0	Ö	0	0	0	Ó	0	Ó	0	0	0	0
Nevada	0	0	0	0	0	Ö	-	_	-	-	-	-
	Ö	0	0		-	-	0	0	0	7	0	7
Orange Placer	0	0	0	0	0	0	0	0	0	0	0	0
				0	0	2	0	0	0	12	0	14
Plumas	0	0	0	0	0	1	0	0	<u>o</u> .	0	0	1
Riverside	0	. 0	0	0	0	1	0	0	0	0	0	1
Sacramento	0	0	0	0	0	2	0	0	0	0	0	2
San Benito	0	0	0	0	0	2	0	0	0	11	0	3
San Bernardino	0	0	0	0	0	6	0	0	0	0	0	6
San Diego	0	0	0	0	0	6	0	0	0	0	0	6
San Francisco	0	0	0	0	0	1	0	0	0	0 ,	0	1
San Joaquin	0	0	0	0	0	5	0	0	0	0	0	5
San Luis Obispo	0	0	0	0	0	1	0	0	0	0	0	1
San Mateo	0	0	0	0	0	0	0	0	0	0	0	0
Santa Barbara	0	0	0	0	0	5	0	0	0	2	0	7
Santa Clara	0	0	0	0	0	2	0	0	0	0	0	2
Santa Cruz	0	0	0	0	0	0	0	0	0	1	0	1
Shasta	0	0	0	0	0	1	Ō	Ō	Ö	0	Ō	1
Sierra	0	. 0	0	0	0	0	Ö	0	0	0	0	.
Siskiyou	ō	Ö	Ŏ	Ö	Ŏ	Ŏ	Ö	Ö	ō	Ö	Ö	Ö
Solano	Ö	Ö	ŏ	Ö	ő	2	0	Ö	Ö	0	0	2
Sonoma	Ö	0	Ö	Ö	. 0	Õ	0	Ö	0	0	0	0 1
Stanislaus	Ö	0	0	0	0	0	0	0	0	0		
Sutter	0	. 0	0	0	0						0	0 /
				-	_	2	0	0	0	0	0	2
Tehama	0	0	0	0	0	0	0	0	0	0	0	0
Trinity	0	0	0	0	0	0	0	0	0	0	0	0
Tulare	0	0	0	0	0	6	0	0	0	0	0	6
Tuolumne	0	0	0 .	0	0	0	0	0	0	2	0	2
Ventura	0	0	0	0	0	5	0	0	0	0	0	5
Yolo	0	0	0	0	0	7	0	0	0	0	0	7
Yuba	0	0	0	0	0	3	0	0	0	. 0	0	3

Numbers Confirmed _		Discrepancies Noted: Thise Hand, Why
Printed Name	Signature and Date	Signature and Date Telephone # (858 - 694 - 2838)
		- 1010phono # 078 - 674 - 0.20

Jurisdiction San Diego County

2002

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES VETERINARY PUBLIC HEALTH SECTION

STATEMENT OF ENFORCEMENT OF LOCAL RABIES CONTROL ACTIVITIES

Completed Form to be Forwarded to the Local Health Officer

	This Statement of Enforcement of Rabies Control Requirement	s is for the Declared "Rabies Endemic Area" described below.		
(County	San Dieao	Effective 2-15-07 (Date)		
***************************************	Specify the Area or Jarisdiction for	a Vista r Which this Statement is Made		
declar	cordance with Section 121585 and 121690 of the ration of the Director of Health Services that all cory and regulatory programs must have continued	te California Health and Safety Code, and upon the California counties are "Rabies Areas", the following lenforcement in your jurisdiction:		
1.	The owner of every dog over four months of ag for rabies and licensed. Dogs less than four m leash.	e shall ensure that their animal is currently vaccinated on on the of age must be kept at home, or supervised on		
2,	An animal/rabies control program must be imple pound system, animal bite reporting, and stray	emented on a county-wide basis to include an animal animal control.		
3.	The county and or city shall provide or arrange The Department of Health Services approved "a	for "Actual Cost" canine rables vaccination clinics, actual cost" vaccination fee in 2007 is \$6.00 per dog.		
4.	The county and or city shall conduct a rabiquarantines, etc.) for the purpose of carrying out control laws and regulations.	ies control program (rabies investigations, animal and enforcing the provisions of the California rabies		
	PLEASE INDICATE BY EN AREA OR JURISDICTION COMPLIANO THE CALIFORNIA RABIES	CE WITH THE REQUIREMENTS OF		
	responsible for conducting the Rabies Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:		
Date:	2-15-07	Date: 2-15-07		
Signatur	e: DOYORK DW	Signature Mike Hanos		
Name (p	Name (print): Dorothy York Name (print): Mike Harrod, DVM			
	Manager, Chula Vista Animalcar	Title: Public Health Veterinarian		
Address:	Chula Vista CA 919)	Address: Office of the County Veterinarian 5555 Overland Ave., Ste 4103 San Diego CA 92123-1250		
Telephor		San Viego, CA 92123-1250 Telephone: (858) 694-2838		

Chula Vista Animal Care of Control

	Chila Vista Animal Care of Control			
	A. Number of "Actual Cost" rabies public vaccination clinics held			
RABIES	B. Number of animal control citations listed for rabies vaccinations and licensing violations	106 .		
VACCINATION AND		DOGS	CATS	
LICENSING	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics			
: 	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics			
	E. Total number of dogs and cats LICENSED in jurisdiction		0	
		DOGS	CATS	
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	140	84	
	G. Dogs and cats entering the shelter (TOTAL)	3858	4110	
	Dogs and cats captured by Animal Control Officers	1470	824	
	Dogs and cats surrendered by owners (not including those surrendered for quarantine)	893	456	
	3. Dogs and cats surrendered by the public (strays)	1469	2822	
CANINE	4. Dogs and cats impounded for animal bite quarantines	17	3	
AND FELINE	5. Dogs and cats transferred from another shelter	9	5	
RABIES	H. Disposition of dogs and cats entering shelter (TOTAL)	3718	3772	
CONTROL	Dogs and cats reclaimed by owner	1135	60	
	2. Dogs and cats adopted by new owners	1400	1231	
	3. Dogs and cats euthanized	943	2122	
•	4. Dogs and cats that died of other reasons	27	193	
	5. Dogs and cats stolen, escaped, etc.	2	47	
	6. Dogs and cats transferred to another shelter	211	119	
	I. Dead dogs and cats collected (excluding F, G, and H above)	139	254	
	J. Dogs and cats on hand in the shelter December 31, 2006	139	132	
	K. Animals bites reported (TOTAL should be the sum of 1 and 2 below)	21		
		DOG	CAT	
	Dog and cat bites reported (TOTAL)	182	32	
	a. Licensed	48	0	
ANIMAL BITE	b. Vaccinated only	0	0	
REPORTING	c. Neither licensed nor vaccinated (but owned)	109	0	
1	d. Strays	25	32	
L	2. Other animal bites reported (TOTAL)	2		
	a. Other domestics (excluding cats)	2		
	b. Wild	0		

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	T_		Dogs	Cats
	L.	Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	17	2
ANIMAL	M.	Number of 6 month quarantines for unvaccinated dogs and cars exposed to potentially rabid animals		
QUARANTINES	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		
	Ο.	Number of 30 day or 6 month quarantines not completed because animals were cuthanized		<u> </u>
	P	Number of animal control officers employed in jurisdiction	5	-
AGENCY ADMIN	Q.	Name of agency or organization responsible for rables control activities in this jurisdiction:		,
		Address:		
	Property as	Phone: ()		

Signature: 24nn Garner
Name (print): LYNN GARNER
TitleSENIOR OPPLIES PECIALIST
Agency: CVACF
Telephone: (619) 691 5123
imail-

Completed by:

Endorsement by local Health Officer or authorized representative:

Signature: BOURK DWW MPW
Name (print): Docothy Uork
Title: Marager - 6 b
Agency: Chula Vista Apinol Care Facil
Telephone: 619 - 476 - 2480
Email: Dyork Ochchola-vista.ca.us

AFTER ENDORSEMENT
PLEASE FORWARD COMPLETED FORM TO Chula Vista Animal Care & Control
130 Beyer Way
Chula Vista, CA 91911

California Department of Health Services Veterinary Public Health Section MS 7308 P. O. Box 997413 Sacramento, CA 95899-7413

PHONE: (916) 552-9740 FAX: (916) 552-9725

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