

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) SAN DIEGO COUNTY

Effective Jan through Dec 2006  
(Date)

Unincorporated areas of San Diego County and the cities of Carlsbad, Del Mar, Encinitas, Santee, Solana Beach and City of San Diego.  
Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2/9/07

Signature: [Signature]

Name (print): DAWN DANIELSON

Title: Director

Address: 5480 Gaines St.

San Diego, Ca 92110

Telephone: (619) 767-2605

Endorsement by local Health Officer or authorized representative:

Date: 2/14/07

Signature: [Signature]

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

Address: San Diego County A.D.P.C.,  
Office of the County Veterinarian  
5555 Overland Ave., Ste. 4103  
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 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.

Note: If report for any item is "none" or "zero", so indicate

		NUMBER	
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held	731	
	B. Number of animal control citations issued for rabies vaccination and licensing violations	667	
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	3,521	282
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	2,612	0
CANINE AND FELINE RABIES CONTROL	E. Total number of dogs and cats <b>LICENSED</b> 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
	1. 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
	3. Dogs and cats surrendered by the public <b>G1 THROUGH G5</b>	3,471	5,992
	4. Dogs and cats impounded for animal bite quarantines <b>ARE</b>	227	22
	5. Dogs and cats transferred from another shelter <b>MUTUALLY EXCLUSIVE</b>	214	126
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	14,143	10,351
	1. Dogs and cats reclaimed by owner	4,445	330
	2. Dogs and cats adopted by new owners <b>H1 THROUGH H6</b>	5,221	4,937
	3. Dogs and cats euthanized <b>ARE</b>	4,240	4,883
	4. Dogs and cats that died of other causes <b>MUTUALLY EXCLUSIVE</b>	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
ANIMAL BITE REPORTING	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	2,515	
		Dogs	Cats
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	2,115	375
	a. Licensed	671	0
	b. Vaccinated only	5	0
	c. Neither licensed or vaccinated (but owned)	1,320	324
	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	

Please Complete Reverse

CDHS, DCDC, VPHS 2006

NUMBER

		Dogs	Cats
ANIMAL QUARANTINES	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
	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	
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	31	
	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		

Completed by:

Signature: 

Name (print): DAWN DANIELSON

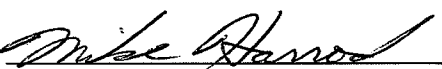
Title: Director

Agency: County of San Diego  
Department of Animal Services

Telephone: (619) 767-2605

Email: DAWN.DANIELSON@SDCOUNTY.CA.GOV

Endorsement by local Health Officer or  
authorized representative:

Signature: 

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian  
San Diego County A.P.D.L.

Agency: Office of the County Veterinarian  
5555 Overland Ave., Ste 4103

Telephone: San Diego, CA 92123-1250

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

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) San Diego Effective 2-15-07  
(Date)

City of Chula Vista

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2-15-07

Signature: Dorothy York

Name (print): Dorothy York

Title: Manager, Chula Vista Animal Care

Address: 130 Beyer Way  
Chula Vista CA 91911

Telephone: 619-476-2480

Endorsement by local Health Officer  
or authorized representative:

Date: 2-15-07

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian  
San Diego County A.P.O.  
Address: Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
San Diego, CA 92123-1250

Telephone: (858) 694-2838

# Chula Vista Animal Care & Control

RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held		
	B. Number of animal control citations listed for rabies vaccinations and licensing violations	106	
		DOGS	CATS
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics		
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics		
CANINE AND FELINE RABIES CONTROL	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
	1. Dogs and cats captured by Animal Control Officers	1470	824
	2. 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
	4. Dogs and cats impounded for animal bite quarantines	17	3
	5. Dogs and cats transferred from another shelter	9	5
	H. Disposition of dogs and cats entering shelter (TOTAL)	3718	3772
	1. 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
ANIMAL BITE REPORTING	K. Animals bites reported (TOTAL should be the sum of 1 and 2 below)	216	
		DOG	CAT
	1. Dog and cat bites reported (TOTAL)	182	32
	a. Licensed	48	0
	b. Vaccinated only	0	0
	c. Neither licensed nor vaccinated (but owned)	109	0
	d. Strays	25	32
	2. Other animal bites reported (TOTAL)	2	
	a. Other domestics (excluding cats)	2	
	b. Wild	0	

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	17	3
	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 euthanized	—	—
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	5	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:		
	Address: _____ Phone: ( ) _____		

Completed by:

Endorsement by local Health Officer or  
authorized representative:

Signature: Lynn Garner  
 Name (print): LYNN GARNER  
 Title: SENIOR OFFICE SPECIALIST  
 Agency: CVAC  
 Telephone: (619) 691 5123  
 Email: \_\_\_\_\_

Signature: DOROTHY YORK, MPM  
 Name (print): Dorothy York  
 Title: Manager - CV  
 Agency: Chula Vista Animal Care Facility  
 Telephone: 619-476-2480  
 Email: DYORK@chula-vista.ca.us

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

**Chula Vista Animal Care & Control**  
**130 Beyer Way**  
**Chula Vista, CA 91911**

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

Mike Harrod  
 Mike Harrod, DVM  
 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

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) SAN DIEGO Effective (Date) 2-14-07

CITY OF CORONADO

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2-14-07  
Signature: MC Stahl  
Name (print): MARK STAHL  
Title: ANIMAL SERVICES OFFICER  
Address: 700 ORANGE AVE  
CORONADO, CA 92118  
Telephone: (619) 522-7371

Endorsement by local Health Officer  
or authorized representative:

Date: 2/15/07  
Signature: Mike Harrod  
Name (print): Mike Harrod, DVM  
Title: Public Health Veterinarian  
San Diego County A.D.R.L.  
Address: Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
San Diego, CA 92123-1250  
Telephone: (858) 694-2838

02/01/2007 13:18 FAX 8585714268

COUNTYVET

002/003

## ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

Coronado

Note: If report for any item is "none" or "zero", so indicate

		NUMBER	
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held	0	
	B. Number of animal control citations issued for rabies vaccination and licensing violations		
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	—	—
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	—	—
CANINE AND FELINE RABIES CONTROL	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)	0	4
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	178	147
	1. Dogs and cats captured by Animal Control Officers	167	103
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	9	37
	3. Dogs and cats surrendered by the public G1 THROUGH G5	—	—
	4. Dogs and cats impounded for animal bite quarantines ARE	2	7
	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	0	0
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
	1. Dogs and cats reclaimed by owner	152	30
	2. Dogs and cats adopted by new owners H1 THROUGH H6	24	104
	3. Dogs and cats euthanized ARE	2	11
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	0	2
	5. Dogs and cats stolen, escaped, etc.	0	0
	6. Dogs and cats transferred to another shelter	0	0
	I. Dead dogs and cats collected (excluding F, G and H above)	5	14
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	1	9
ANIMAL BITE REPORTING	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)	11	9
	a. Licensed	8	3
	b. Vaccinated only	3	4
	c. Neither licensed or vaccinated (but owned)	0	2
	d. Strays	0	0
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	0	
a. Other domestics (excluding cats)			
b. Wild			

Please Complete Reverse



02/01/2007 13:16 FAX 8585714268

COUNTYVET

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	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
	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		
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	1	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:  Address: _____ Phone: ( ) _____		

Completed by:

Endorsement by local Health Officer or  
authorized representative:Signature: Signature: Name (print): MARK C. STAHLName (print): Mike Harrod, DVMTitle: ANIMAL SERVICES OFFICERTitle: Public Health VeterinarianAgency: CORONADO POLICE DEPT.Agency: San Diego County A.D.D.L.  
Office of the County VeterinarianTelephone: (619) 522-7371Telephone: (858) 694-2838

Email: \_\_\_\_\_

Email: mike.harrod@sdcounty.ca.govAFTER ENDORSEMENT  
PLEASE FORWARD COMPLETED FORM TO:California Department of Health Services  
Veterinary Public Health Section  
MS 7308  
P. O. Box 997413  
Sacramento, CA 95899-7413PHONE: (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 "Rabies Endemic Area" described below:

SAN DIEGO COUNTY  
(County)

Effective  
(Date)

CITY OF EL CAJON

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2-15-07

Signature: K Cleveland

Name (print): K CLEVELAND

Title: ANIMAL CONTROL MANAGER

Address: 1275 N. MARSHALL  
EL CAJON, CA 92021

Telephone: 619-579-3375

Endorsement by local Health Officer  
or authorized representative:

Date: 2-15-07

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

Address: San Diego County A. D. V. L.  
Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
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) 557-9725

2007 Statement of Enforcement

For January Through December, 2006

Jurisdiction for which this report is made.

CITY OF EL CAJON

Note: If report for any item is none or zero, so indicate		NUMBER	
	A. Number of Actual Cost rabies public vaccination clinics held	1	
<b>RABIES</b>	B. Number of animal control citations issued for rabies vaccination and licensing violations	61	
<b>VACCINATIONS</b>		<b>Dogs</b>	<b>Cats</b>
<b>AND</b>	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	33	0
<b>LICENSING</b>	D. Dogs and cats licensed in Actual Cost public vaccination clinics	33	0
	E. Total number of dogs and cats LICENSED 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	1,106
	1. Dogs and cats captured by Animal Control Officers	476	63
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	341	329
<b>CANINE</b>	3. Dogs and cats surrendered by the public <b>G1 THROUGH G5</b>	354	593
<b>AND</b>	4. Dogs and cats impounded for animal bite quarantines <b>ARE</b>	29	11
<b>FELINE</b>	5. Dogs and cats transferred from another shelter <b>MUTUALLY EXCLUSIVE</b>	117	110
<b>RABIES</b>	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	1,313	1,106
<b>CONTROL</b>	1. Dogs and cats reclaimed by owner	454	16
	2. Dogs and cats adopted by new owners <b>H1 THOUGH H6</b>	574	582
	3. Dogs and cats euthanized <b>ARE</b>	209	259
	4. Dogs and cats that died of other causes <b>MUTUALLY EXCLUSIVE</b>	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 hand 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	
		<b>Dogs</b>	<b>Cats</b>
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	62	15
<b>ANIMAL</b>	a. Licensed dogs	24	0
<b>BITE</b>	b. Vaccinated only	6	1
<b>REPORTING</b>	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	1	

	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 euthanized	0	
	P. Number of animal control officers employed in jurisdiction	3	
AGENCY ADMIN	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: <u>EL CAJON ANIMAL CONTROL</u> Address: <u>1275 N. MARSHALL, EL CAJON, CA 92020</u> Phone: <u>(619) 579-3375</u>		

Completed by:

Endorsed by local Health Officer or  
authorized representative:Signature: Kathleen ClevelandSignature: Mike HarrodName (print): Kathleen ClevelandName (print): Mike Harrod, DVMTitle: Animal Control Services ManagerTitle: Public Health VeterinarianAgency: El Cajon Animal ControlAgency: (see below)Telephone: (619) 579-3375Telephone: mike.harrod@sdcountry.ca.gov

## 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:

San Diego County  
(County)

Effective 2-14-07  
(Date)

Cities of Escondido, San Marcos Poway  
Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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: 2-14-07  
Signature: Chari Chavez  
Name (print): TRACI CHAVEZ  
Title: OIC Rabies Control  
Address: 3450 E Valley Pkwy  
Escondido CA 92027  
Telephone: 760 888 2251

Endorsement by local Health Officer  
or authorized representative:

Date: 2/14/07  
Signature: Sally Costello  
Name (print): SALLY COSTELLO  
Title: EXECUTIVE DIRECTOR  
Address: 3450 E Valley Pkwy  
Escondido, CA 92027  
Telephone: 760-888-2201

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

Note: If report for any item is "none" or "zero", so indicate

NUMBER

RABIES VACCINATION AND LICENSING	A.	Number of "Actual Cost" rabies public vaccination clinics held	36	
	B.	Number of animal control citations issued for rabies vaccination and licensing violations	84	
			Dogs	Cats
	C.	Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	701	0
	D.	Dogs and cats licensed in "Actual Cost" public vaccination clinics	710	0
CANINE AND FELINE RABIES CONTROL	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	2164
	1.	Dogs and cats captured by Animal Control Officers	881	152
	2.	Dogs and cats surrendered by owners (not including those surrendered for quarantine)	754	491
	3.	Dogs and cats surrendered by the public G1 THROUGH G5	1077	1489
	4.	Dogs and cats impounded for animal bite quarantines ARE	39	17
	5.	Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	17	15
	H.	Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	2909	3188
	1.	Dogs and cats reclaimed by owner	930	726
	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
	I.	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
ANIMAL BITE REPORTING	K.	Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	183	
			Dogs	Cats
	1.	DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	122	51
	a.	Licensed	4	0
	b.	Vaccinated only	33	2
	c.	Neither licensed or vaccinated (but owned)	67	19
	d.	Strays	18	30
	2.	OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	10	
	a.	Other domestics (excluding cats)	3	
	b.	Wild	7	

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	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
	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	
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	7	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:  Escondido Humane Society  Address: 3450 E. Valley Pkwy, Escondido, Ca 92027  Phone: (760) 888-2251		

Completed by:

Signature: Traci ChavezName (print): Traci ChavezTitle: OIC Rabies Control OfficerAgency: Escondido Humane SocietyTelephone: (760)888-2251Email: traciac@escondidohumanesociety.orgEndorsement by local Health Officer or  
authorized representative:Signature: Sally CostelloName (print): Sally CostelloTitle: Executive DirectorAgency: Escondido Humane SocietyTelephone: (760)888-2201Email: sallyc@escondidohumanesociety.orgAFTER ENDORSEMENT  
PLEASE FORWARD COMPLETED FORM TO:California Department of Health Services  
Veterinary Public Health Section  
MS 7308  
P. O. Box 997413  
Sacramento, CA 95899-7413PHONE: (916) 552-9740  
FAX: (916) 552-9725Mike Harrod, DVM  
Mike Harrod, DVM  
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  
mike.harrod@sdcountry.ca.gov

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) San Diego

Effective 2/12/07  
(Date)

La Mesa  
Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2/12/07

Signature: Cassie Newmark

Name (print): Cassie Newmark

Title: Animal Control Officer

Address: 8181 Allison Ave  
La Mesa CA 91941

Telephone: 619 4667 1436

Endorsement by local Health Officer  
or authorized representative:

Date: 2/14/07

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

Address: San Diego County A.D.D.L.  
Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
San Diego, CA 92123-1250

Telephone: 858-694-2838



# ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For Through , 2006

Jurisdiction for which this report is made.

CITY OF LA MESA

Note: If report for any item is none or zero, so indicate		NUMBER	
	A. Number of Actual Cost rabies public vaccination clinics held	0	
<b>RABIES</b>	B. Number of animal control citations issued for rabies vaccination and licensing violations	3	
<b>VACCINATIONS</b>		<b>Dogs</b>	<b>Cats</b>
<b>AND</b>	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	0	0
<b>LICENSING</b>	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 cats surrendered by owners (not including those surrendered for quarantine)	51	48
<b>CANINE</b>	3. Dogs and cats surrendered by the public <b>G1 THROUGH G5</b>	115	39
<b>AND</b>	4. Dogs and cats impounded for animal bite quarantines <b>ARE</b>	1	0
<b>FELINE</b>	5. Dogs and cats transferred from another shelter <b>MUTUALLY EXCLUSIVE</b>	0	0
<b>RABIES</b>	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	251	112
<b>CONTROL</b>	1. Dogs and cats reclaimed by owner	134	9
	2. Dogs and cats adopted by new owners <b>H1 THROUGH H6</b>	0	0
	3. Dogs and cats euthanized <b>ARE</b>	0	0
	4. Dogs and cats that died of other causes <b>MUTUALLY EXCLUSIVE</b>	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 hand in the shelter (to be carried over )	0	0
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
		<b>Dogs</b>	<b>Cats</b>
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	28	7
<b>ANIMAL</b>	a. Licensed dogs	5	0
<b>BITE</b>	b. Vaccinated only	10	4
<b>REPORTING</b>	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)	0	
	a. Other domestics (excluding cats)	0	
	b. Wild	0	

NUMBER	
Dogs	Cats
0	0
0	0
0	
0	
1	

	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 euthanized	0	
	P. Number of animal control officers employed in jurisdiction	1	
AGENCY ADMIN	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: <u>LA MESA ANIMAL CONTROL</u> Address: <u>8181 Allison Ave La Mesa, CA 91941</u> Phone: <u>(619) 667-1436</u>		

Completed by:

Endorsed by local Health Officer or  
authorized representative:Signature: Cassandra NewmarkSignature: Mike HarrodName (print): Cassandra NewmarkName (print): Mike Harrod, DVMTitle: Animal Control OfficerTitle: Public Health VeterinarianAgency: La Mesa Animal ControlAgency: San Diego County A.D.D.L.  
Office of the County VeterinarianTelephone: (619) 667-1436Telephone: (858) 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

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 Control Requirements is for the Declared Endemic Area, described below:  
San Diego County 02-13-2007

(County)

Effective  
(Date)

City of National City, Ca. 91950

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 responding, 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 2007 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;

Endorsement by local Health Officer  
or authorized representative;

Date: 02-13-2007

Signature: Jane Gordon

Name (print): Jane Gordon

Title: Animal Regulations Officer

Address: 1200 National City Blvd

National City CA, 91950

Telephone: (619) 336-4478

2/14/07

Date: 02-13-2007

Mike Harrod

Signature: Jane Gordon

Mike Harrod, DVM

Name (print): Jane Gordon

Public Health Vet.

San Diego Co. A.P.O.L.

Office of the Co. Vet.

5555 Overland Ave., Ste 4103

San Diego, CA 92123-1250

Title: Animal Regulations Officer

Address: 1200 National City Blvd

National City, CA 91950

National City, CA 91950

Telephone: (619) 336-4478

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 for any item is none or zero, so indicate		NUMBER	
	A. Number of Actual Cost rabies public vaccination clinics held	69	
<b>RABIES</b>	B. Number of animal control citations issued for rabies vaccination and licensing violations	230	
<b>VACCINATIONS</b>		<b>Dogs</b>	<b>Cats</b>
<b>AND</b>	C. Dogs and cats vaccinated in Actual Cost public vaccination clinics	2187	104
<b>LICENSING</b>	D. Dogs and cats licensed in Actual Cost public vaccination clinics	220	N/A
	E. Total number of dogs and cats LICENSED in jurisdiction	3333	N/A
	F. Dogs and cats on hand in the shelter January 1, 2000 (carried over from )	N/A	N/A
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	530	895
	1. Dogs and cats captured by Animal Control Officers	393	813
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	123	80
<b>CANINE</b>	3. Dogs and cats surrendered by the public <b>G1 THROUGH G5</b>	N/A	N/A
<b>AND</b>	4. Dogs and cats impounded for animal bite quarantines <b>ARE</b>	14	2
<b>FELINE</b>	5. Dogs and cats transferred from another shelter <b>MUTUALLY EXCLUSIVE</b>	N/A	N/A
<b>RABIES</b>	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	510	797
<b>CONTROL</b>	1. Dogs and cats reclaimed by owner	133	6
	2. Dogs and cats adopted by new owners <b>H1 THOUGH H6</b>	222	186
	3. Dogs and cats euthanized <b>ARE</b>	146	605
	4. Dogs and cats that died of other causes <b>MUTUALLY EXCLUSIVE</b>	N/A	N/A
	5. Dogs and cats stolen, escaped, etc.	N/A	N/A
	6. Dogs and cats transferred to another shelter	N/A	N/A
	I. Dead dogs and cats collected (excluding F, G and H above)	38	124
	J. Dogs and cats on had in the shelter (to be carried over )	N/A	N/A
	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	42	
		<b>Dogs</b>	<b>Cats</b>
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d, below)	36	6
<b>ANIMAL</b>	a. Licensed dogs	12	N/A
<b>BITE</b>	b. Vaccinated only	3	0
<b>REPORTING</b>	c. Neither licensed or vaccinated (but owned)	18	1
	d. Strays	3	5
	2. OTHER ANIMAL, bites reported, TOTAL: (Total should be the sum of a and b below)	0	
	a. Other domestics (excluding cats)	0	
	b. Wild	0	

NUMBER  
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 euthanized	0	
	P. Number of animal control officers employed in jurisdiction	2	
AGENCY ADMIN	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: <u>NATIONAL CITY POLICE, ANIMAL REGULATIONS</u> Address: <u>1200 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950</u> Phone: <u>(619) 336-4478</u>		

Completed by:

Signature: Jane Gordon

Name (print): Jane Gordon

Title: Animal Regulations Officer

Agency: National City Police / Animal Control

Telephone: (619) 336-4478

Email: igordon@ci.national-city.ca.us

Endorsed by local Health Officer or  
Authorized representative:

Signature: Mike Harrod

Name (print): Jane Gordon

Title: Animal Regulations Officer

Agency: National City Police / Animal Control

Telephone: (619) 336-4478

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  
Mike Harrod, DVM  
Public Health Veterinarian  
mike.harrod@sdcounty.ca.gov

02/20/2007 11:09 FAX 8585714268

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:

San Diego County  
(County)

Effective Feb 20, 2007  
(Date)

Oceanside & Vista

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2/20/07

Signature: Jolie Bank

Name (print): Jolie Bank

Title: Executive Director

Address: 2905 San Luis Rey Rd

Oceanside, CA 92054

Telephone: 760-757-4357

Endorsement by local Health Officer or authorized representative:

Date: 2/20/07

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian

Address: San Diego County A.P.L.  
Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
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 January Through December, 2006

Jurisdiction for which this report is made:

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

Note: If report for any item is "none" or "zero", so indicate

		NUMBER	
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held	12	
	B. Number of animal control citations issued for rabies vaccination and licensing violations		
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	867	56
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics		
CANINE AND FELINE RABIES CONTROL	E. Total number of dogs and cats LICENSED in jurisdiction	11,710	
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	144	288
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	4970	2918
	1. Dogs and cats captured by Animal Control Officers		
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)		
	3. Dogs and cats surrendered by the public	G1 THROUGH G5	
	4. Dogs and cats impounded for animal bite quarantines	ARE	
	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)	2638	2135
	1. Dogs and cats reclaimed by owner	745	50
	2. Dogs and cats adopted by new owners	H1 THROUGH H6	1,188 1039
	3. Dogs and cats euthanized	ARE	590 960
	4. Dogs and cats that died of other causes	MUTUALLY EXCLUSIVE	0 0
	5. Dogs and cats stolen, escaped, etc.		6 8
	6. Dogs and cats transferred to another shelter		109 78
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)			
ANIMAL BITE REPORTING	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)	247	24
	a. Licensed	77	0
	b. Vaccinated only	33	5
	c. Neither licensed or vaccinated (but owned)	112	8
	d. Strays	24	11
	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		

Please Complete Reverse

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	L. Number of 30 day quarantines for <u>vaccinated</u> dogs and cats exposed to potentially rabid animals	2	0
	M. Number of 6 month quarantines for <u>unvaccinated</u> 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	0	
	O. Number of 30 day or 6 month quarantines not completed because animals were euthanized	0	
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	4	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: <u>SD County</u>		
	Address: <u>SAN Diego, CA</u> Phone: <u>(619) 692-8500</u>		

Completed by:

Signature: C. Lee  
Name (print): CAROL LEE  
Title: Dispat  
Agency: NCHS  
Telephone: (760) 757-4357  
Email: x1218

Endorsement by local Health Officer or  
authorized representative:

Signature: Mike Harrod  
Name (print): Mike Harrod, DVM  
Title: Public Count Health Veterinarian  
Agency: San Diego County A.D.P.L.  
Office of the County Veterinarian  
Telephone: 5555 Overland Ave., Ste. 4103  
San Diego, CA 92123-1250  
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



\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 4409  
CONNECTION TEL 919165529725  
SUBADDRESS  
CONNECTION ID  
ST. TIME 02/20 12:55  
USAGE T 00'44  
PGS. SENT 4  
RESULT OK



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) 594-2838  
PHONE

### FAX COVER SHEET

TO: Sharon Shewry (916) 552-9725

FROM: Mike Harrod, DVM  
Office of the County Veterinarian (SDCADDL)

SUBJECT: Annual Report of Local Rabies Control Activities  
& Statement of Enforcement of Local Rabies Control Activities

SENT BY: M. Harrod TODAY'S DATE: 2/20/07

NUMBER OF PAGES FOLLOWING THIS COVER SHEET: 3

NOTES: This is the final section for the San Diego  
County report sent to your office on Friday,  
2/16/07. Please let me know if you would

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:

San Diego Effective 2.14.07  
(County) (Date)  
Camp Pendleton  
Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: 2.14.07  
Signature: [Signature]  
Name (print): Veresia Saffar  
Title: SPCA  
Address: \_\_\_\_\_  
Telephone: 760-735-8120

Endorsement by Local Health Officer  
or authorized representative:

Date: 2/14/07  
Signature: [Signature]  
Name (print): Mike Harrod, DVM  
Title: Public Health Veterinarian  
Address: San Diego County A.D.P.L.  
Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
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 January Through December, 2006

Jurisdiction for which this report is made:

Note: If report for any item is "none" or "zero", so indicate

RABIES VACCINATION AND LICENSING	NUMBER	
	Dogs	Cats
A. Number of "Actual Cost" rabies public vaccination clinics held	0	
B. Number of animal control citations issued for rabies vaccination and licensing violations		
C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	0	0
D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	0	0
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)		
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	150	62
2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	150	62
3. Dogs and cats surrendered by the public	150	62
4. Dogs and cats impounded for animal bite quarantines	1	0
5. Dogs and cats transferred from another shelter	0	0
H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
1. Dogs and cats reclaimed by owner	70	3
2. Dogs and cats adopted by new owners	367	170
3. Dogs and cats euthanized	12	8
4. Dogs and cats that died of other causes	0	0
5. Dogs and cats stolen, escaped, etc.	0	0
6. Dogs and cats transferred to another shelter	0	0
I. Dead dogs and cats collected (excluding F, G and H above)	0	0
J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	0	0
K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)		
1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)		
a. Licensed	0	
b. Vaccinated only	1	
c. Neither licensed or vaccinated (but owned)		
d. Strays	5	
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	

Please Complete Reverse

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	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
	N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals	0	0
	O. Number of 30 day or 6 month quarantines not completed because animals were euthanized	0	0
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	3	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: Address: Phone:	Camp Pendleton Animal Control Address: Phone: 760-725-8120	

Completed by:

Signature: Jessica Saffler  
 Name (print): Jessica Saffler  
 Title: Supervisor  
 Agency: \_\_\_\_\_  
 Telephone: 760-725-8120  
 Email: \_\_\_\_\_

Endorsement by local Health Officer or  
authorized representative:

Signature: Mike Harrod  
 Name (print): Mike Harrod, DVM  
 Title: Public Health Veterinarian  
 Agency: San Diego County A.D.V.L. Office of the County Veterinarian  
 Telephone: (858) 694-2838  
 Email: mike.harrod@sdcounty.ca.gov

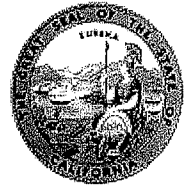
AFTER ENDORSEMENT  
 PLEASE FORWARD COMPLETED FORM TO:

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



SANDRA SHEWRY  
Director

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](mailto: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:

\_\_\_\_\_  
(County)

\_\_\_\_\_  
Effective  
(Date)

\_\_\_\_\_  
Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies 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 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 2007 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Endorsement by local Health Officer  
or authorized representative:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

2007 Statement of Enforcement

# ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

Note: If report for any item is "none" or "zero", so indicate

		NUMBER	
		Dogs	Cats
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held		
	B. Number of animal control citations issued for rabies vaccination and licensing violations		
	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 <b>LICENSED</b> in jurisdiction		
CANINE AND FELINE RABIES CONTROL	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)		
	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)		
	3. Dogs and cats surrendered by the public <b>G1 THROUGH G5</b>		
	4. Dogs and cats impounded for animal bite quarantines <b>ARE</b>		
	5. Dogs and cats transferred from another shelter <b>MUTUALLY EXCLUSIVE</b>		
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
	1. Dogs and cats reclaimed by owner		
	2. Dogs and cats adopted by new owners <b>H1 THROUGH H6</b>		
	3. Dogs and cats euthanized <b>ARE</b>		
	4. Dogs and cats that died of other causes <b>MUTUALLY EXCLUSIVE</b>		
	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)		
	ANIMAL BITE REPORTING	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	
1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)			
a. Licensed			
b. Vaccinated only			
c. Neither licensed or vaccinated (but owned)			
d. Strays			
2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)			
a. Other domestics (excluding cats)			
b. Wild			

Please Complete Reverse

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	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 euthanized		
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction		
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:  Address: _____ Phone: (____) _____		

Completed by:

Endorsement by local Health Officer or  
authorized representative:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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 0	DOG 0	HORSE 0	SHEEP 0	BAT 131	COYOTE 0	FOX 2	RACCOON 0	SKUNK 38	OTHER* 0	TOTAL 171
Alameda	0	0	0	0	0	0	0	0	0	0	0	0
-Alameda HD	0	0	0	0	0	0	0	0	0	0	0	0
-Berkeley HD	0	0	0	0	0	0	0	0	0	0	0	0
Alpine	0	0	0	0	0	0	0	0	0	0	0	0
Amador	0	0	0	0	0	1	0	0	0	0	0	1
Butte	0	0	0	0	0	8	0	0	0	0	0	8
Calaveras	0	0	0	0	0	1	0	0	0	0	0	1
Colusa	0	0	0	0	0	0	0	0	0	0	0	0
Contra Costa	0	0	0	0	0	6	0	0	0	0	0	6
Del Norte	0	0	0	0	0	0	0	0	0	0	0	0
El Dorado	0	0	0	0	0	2	0	0	0	0	0	2
Fresno	0	0	0	0	0	9	0	0	0	3	0	12
Glenn	0	0	0	0	0	3	0	0	0	0	0	3
Humboldt	0	0	0	0	0	4	0	1	0	0	0	5
Imperial	0	0	0	0	0	0	0	0	0	0	0	0
Inyo	0	0	0	0	0	2	0	0	0	0	0	2
Kern	0	0	0	0	0	10	0	0	0	0	0	10
Kings	0	0	0	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	0	0	0	0	0	0
Merced	0	0	0	0	0	1	0	0	0	0	0	1
Modoc	0	0	0	0	0	0	0	0	0	0	0	0
Mono	0	0	0	0	0	0	0	0	0	0	0	0
Monterey	0	0	0	0	0	1	0	1	0	9	0	11
Napa	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	0	0	7	0	7
Orange	0	0	0	0	0	0	0	0	0	0	0	0
Placer	0	0	0	0	0	2	0	0	0	12	0	14
Plumas	0	0	0	0	0	1	0	0	0	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	1	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	0	0	0	0	0	1
Sierra	0	0	0	0	0	0	0	0	0	0	0	0
Siskiyou	0	0	0	0	0	0	0	0	0	0	0	0
Solano	0	0	0	0	0	2	0	0	0	0	0	2
Sonoma	0	0	0	0	0	0	0	0	0	0	0	0
Stanislaus	0	0	0	0	0	0	0	0	0	0	0	0
Sutter	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 \_\_\_\_\_

Signature and Date

Printed Name \_\_\_\_\_

Jurisdiction San Diego County

Discrepancies Noted: Mike Hana, DVM

Signature and Date

Telephone # 858-694-2838

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) San Diego Effective (Date) 2-15-07

City of Chula Vista

Specify the Area or Jurisdiction for Which this Statement is Made

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 "Rabies Areas", the following statutory and regulatory programs must have continued enforcement in your jurisdiction:

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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: 2-15-07

Signature: Dorothy York

Name (print): Dorothy York

Title: Manager, Chula Vista Animal Care

Address: 130 Beyer Way  
Chula Vista CA 91911

Telephone: 619-476-2480

Endorsement by local Health Officer  
or authorized representative:

Date: 2-15-07

Signature: Mike Harrod

Name (print): Mike Harrod, DVM

Title: Public Health Veterinarian  
San Diego County A.P.O.  
Address: Office of the County Veterinarian  
5555 Overland Ave., Ste 4103  
San Diego, CA 92123-1250

Telephone: (858) 694-2838

# Chula Vista Animal Care & Control

RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held		
	B. Number of animal control citations listed for rabies vaccinations and licensing violations	106	
		DOGS	CATS
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics		
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics		
CANINE AND FELINE RABIES CONTROL	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
	1. Dogs and cats captured by Animal Control Officers	1470	824
	2. 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
	4. Dogs and cats impounded for animal bite quarantines	17	3
	5. Dogs and cats transferred from another shelter	9	5
	H. Disposition of dogs and cats entering shelter (TOTAL)	3718	3772
	1. 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
ANIMAL BITE REPORTING	K. Animals bites reported (TOTAL should be the sum of 1 and 2 below)	216	
		DOG	CAT
	1. Dog and cat bites reported (TOTAL)	182	32
	a. Licensed	48	0
	b. Vaccinated only	0	0
	c. Neither licensed nor vaccinated (but owned)	109	0
	d. Strays	25	32
	2. Other animal bites reported (TOTAL)	2	
	a. Other domestics (excluding cats)	2	
	b. Wild	0	

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	17	3
	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 euthanized	—	—
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	5	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:		
	Address: _____ Phone: ( ) _____		

Completed by:

Endorsement by local Health Officer or  
authorized representative:

Signature: Lynn Garner  
 Name (print): LYNN GARNER  
 Title: SENIOR OFFICE SPECIALIST  
 Agency: CVAC  
 Telephone: (619) 691 5123  
 Email: \_\_\_\_\_

Signature: DOROTHY YORK, MPM  
 Name (print): Dorothy York  
 Title: Manager - CV  
 Agency: Chula Vista Animal Care Facility  
 Telephone: 619-476-2480  
 Email: DYORK@chula-vista.ca.us

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

**Chula Vista Animal Care & Control**  
**130 Beyer Way**  
**Chula Vista, CA 91911**

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

Mike Harrod  
 Mike Harrod, DVM  
 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