

L.A.

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:

Los Angeles (County) Effective                      (Date)

Claremont, Diamond Bar, La Verne, Pomona, San Dimas  
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: [Signature]

Name (print): James Edward

Title: Operations Manager

Address: 300 W. Main Way

Pomona CA

Telephone: 909-623-9777 x 601

Endorsement by local Health Officer or authorized representative:

Date: 5/30/07

Signature: [Signature]

Name (print): C. Patrick Ryan, DVM, MPH

Title: Chief Veterinarian

Address: 7601 E. Imperial Hwy, Bldg 500,

Downey, CA 90242 Suite 10

Telephone: 562-401-7088

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

L.A.

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	
RABIES VACCINATION AND LICENSING	A. Number of "Actual Cost" rabies public vaccination clinics held	30	
	B. Number of animal control citations issued for rabies vaccination and licensing violations	1,291	
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	2714	124
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	1624	93
	E. Total number of dogs and cats LICENSED in jurisdiction	3782	4117
	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	N/A	N/A
CANINE AND FELINE RABIES CONTROL	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	3706	4157
	1. Dogs and cats captured by Animal Control Officers	2997	3962
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	709	195
	3. Dogs and cats surrendered by the public	G1 THROUGH G5	
		N/A	N/A
	4. Dogs and cats impounded for animal bite quarantines	ARE	
		N/A	N/A
	5. Dogs and cats transferred from another shelter	MUTUALLY EXCLUSIVE	
		N/A	N/A
	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)	2966	2667
	1. Dogs and cats reclaimed by owner	619	38
	2. Dogs and cats adopted by new owners	H1 THROUGH H6	
		688	268
3. Dogs and cats euthanized	ARE		
	1659	2361	
4. Dogs and cats that died of other causes	MUTUALLY EXCLUSIVE		
	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)	633	1397	
J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	N/A	N/A	
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)	221	32
	a. Licensed	137	N/A
	b. Vaccinated only	4	10
	c. Neither licensed or vaccinated (but owned)	57	N/A
	d. Strays	23	22
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	11	
a. Other domestics (excluding cats)	N/A		
b. Wild	11		

Please Complete Reverse

CDHS, DCDC, VPMS 2006

L.A.

		NUMBER	
		Dogs	Cats
ANIMAL QUARANTINES	L. Number of 30 day quarantines for vaccinated dogs and cats exposed to potentially rabid animals	N/A	N/A
	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	N/A	N/A
	N. Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals	N/A	
	O. Number of 30 day or 6 month quarantines not completed because animals were euthanized	N/A	
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	N/A	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction: <u>Inland Valley Humane Society</u> Address: <u>500 Humane Way, Pomona, CA</u> Phone: <u>909 <del>623</del> 623-9777</u>		

Completed by:

Signature: [Signature]  
Name (print): Shelia Beattie  
Title: Secretary  
Agency: I.V.H.S.  
Telephone: 909-623-9777 x605  
Email: shelia@lvhss.org

Endorsement by local Health Officer or authorized representative:

Signature: [Signature]  
Name (print): C. Patrick Ryan, DVM, MPVM  
Title: Chief Veterinarian  
Agency: Los Angeles County Veterinary Public Health  
Telephone: 562-401-7088  
Email: pryan@ph.lacounty.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