

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 of San Bernardino Effective January 1, 2007
(County) (Date)

The unincorporated areas of San Bernardino County and the Cities of Big Bear Lake, Highland, and Yucaipa.
Specify the Area of 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: 1-31-2007

Signature: Brian M. Cronin

Name (print): Brian M. Cronin

Title: Program Manager, Animal Care and Control

Address: 351 N. Mt. View Ave., 3rd Floor

San Bernardino, CA 92415-0010

Telephone: (909) 387-9152

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

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

Unincorporated areas of San Bernardino County and the Cities of Big Bear Lake, Highland and Yucaipa. Shelter services and animal admission statistics are included for the City of Rialto. This information does not include shelter statistics for the High Desert area or West End of the County as shelter services for these areas are provided by contract agencies.

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	27	
	B. Number of animal control citations issued for rabies vaccination and licensing violations	528	
		Dogs	Cats
	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics	1,219	31
	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	819	0
	E. Total number of dogs and cats LICENSED in jurisdiction	34,094	0
CANINE AND FELINE RABIES CONTROL	F. Dogs and cats on hand in the shelter January 1, 2006 (carried over from 2005)	181	106
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)	6,968	5,842
	1. Dogs and cats captured by Animal Control Officers	4,748	3,557
	2. Dogs and cats surrendered by owners (not including those surrendered for quarantine)	701	174
	3. Dogs and cats surrendered by the public G1 THROUGH G5	1,453	2,021
	4. Dogs and cats impounded for animal bite quarantines ARE	66	90
	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)	6,917	5,856
	1. Dogs and cats reclaimed by owner	1,171	60
	2. Dogs and cats adopted by new owners H1 THROUGH H6	2,401	823
	3. Dogs and cats euthanized ARE	3,197	4,446
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	21	97
	5. Dogs and cats stolen, escaped, etc.	26	377
	6. Dogs and cats transferred to another shelter	101	53
	I. Dead dogs and cats collected (excluding F, G and H above).	658	614
	J. Dogs and cats on hand in the shelter December 31, 2006 (carried over to 2007)	183	55
ANIMAL BITE REPORTING	K. Animal bites reported, TOTAL: (Total should be the sum of 1 and 2 below)	758	
		Dogs	Cats
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)	619	121
	a. Licensed	0	0
	b. Vaccinated only	0	0
	c. Neither licensed or vaccinated (but owned)	481	78
	d. Strays	138	43
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)	18	
	a. Other domestics (excluding cats) - Types and # for each	0	
	b. Wild - Types and # for each	18	

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	7	5
	M. Number of 6 month quarantines for unvaccinated dogs and cats exposed to potentially rabid animals	3	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	6	
AGENCY ADMIN	P. Number of animal control officers employed in jurisdiction	30	
	Q. Name of agency or organization responsible for rabies control activities in this jurisdiction:		
	Address: San Bernardino County, Department of Public Health, Animal Care and Control Division		
	Address: 351 North Mountain View Avenue, 3rd Floor, San Bernardino, CA 92415-0010		
	Phone: (909) 387-9152		

Completed by:

Endorsement by local Health Officer or
authorized representative:

Signature: 

Name (print): Brian M. Cronin

Title: Program Manager

Agency: San Bernardino County Animal Care and Control

Telephone: (909) 387-9152

Email: bcronin@dph.sbcounty.gov

Signature: _____

Name (print): _____

Title: _____

Agency: _____

Telephone: _____

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

<u>Animal Type</u>	<u>Number</u>
Bat	2
Ferret	2
Gopher	3
Hamster	1
Mouse	1
Opossum	2
Raccoon	3
Rat	1
Skunk	1
Squirrel	<u>2</u>
<u>Total</u>	<u>18</u>