To: Preventive Veterinary Services

From: Jen Woodard, Animal Center Manager
Rancho Cucamonga Animal Care and Adoption Center
11780 Arrow Rte.
Rancho Cucamonga, CA 91780

Sir or Madam,

I would like to give you some additional information in regards to your request for 2006 Rabies Control Activities at our facility. Prior to May 1, 2006 this facility was operated by the County of San Bernadino. Any data you require would need to be obtained by contacting the County directly. After May 1, 2006 the City of Rancho Cucamonga began operations at this facility. The data I'm providing you with is from that time period alone.

There are also a number of fields that I had to leave blank because we have not yet created a report to track that information. Because our Field Services Department made the transition from San Bernadino County to City of Rancho Cucamonga on July 1, 2006, we are still compiling data on bites, licensing, and quarantine information.

We will continue to keep detailed records in hopes to be able to provide you with the information you need in the future.

Thank you.

Jen Woodard

ANNUAL REPORT OF LOCAL RABIES CONTROL ACTIVITIES

For January Through December, 2006

Jurisdiction for which this report is made:

ec. if report for a	ny item is "none" or "zero", so indicate	NUM	1BER
	A. Number of "Actual Cost" rabies public vaccination clinics held	1	
RABIES	B. Number of animal control citations issued for rabies vaccination and licensing violations	0	
VACCINATION		Dogs	Ci
AND	C. Dogs and cats vaccinated in "Actual Cost" public vaccination clinics		
LICENSING	D. Dogs and cats licensed in "Actual Cost" public vaccination clinics	24	$\int C$
	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)	E-STICE I	A
	G. Dogs and cats entering the shelter, TOTAL: (Total should equal the sum of 1 to 5 below)		
	Dogs and cats captured by Animal Control Officers	Sar West	00
	2 Dogs and cats surrendered by owners (not including those surrendered for quarantine)	252	Ωl
CANINE AND	3. Dogs and cats surrendered by the public G1 THROUGH G5	1710	22
	4. Dogs and cats impounded for animal bite quarantines ARE	E wilki	
FELINE	5. Dogs and cats transferred from another shelter MUTUALLY EXCLUSIVE	7	0
RABIES	H. Disposition of dogs and cats entering shelter, TOTAL: (Total should equal the sum of 1 to 6 below)		
	Dogs and cats reclaimed by owner	495	4
CONTROL	2. Dogs and cats adopted by new owners HI THROUGH H6	1061	94
	3. Dogs and cats euthanized ARE	35 2	84
	4. Dogs and cats that died of other causes MUTUALLY EXCLUSIVE	14	9
	5. Dogs and cats stolen, escaped, etc.	5	j
	Dogs and cats transferred to another shelter	14	2
	I. Dead dogs and cats collected (excluding F, G and H above).	154	12
	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	Cat
	1. DOG and CAT bites reported, TOTAL: (Total should be the sum of a, b, c, and d below)		~
ANIMAL	a. Licensed .		<u></u>
BITE	b. Vaccinated only	4	
EPORTING	c. Neither licensed or vaccinated (but owned)	.28	
REPORTING	d. Strays	5	
	2. OTHER ANIMAL bites reported, TOTAL: (Total should be the sum of a and b below)		
	a. Other domestics (excluding cats)	\bigcirc	
	b. Wild		

			NUN	ABER	
			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	(7)		
	N.	Number of 6 month quarantines for domestic livestock (horses, cattle, etc.) exposed to potentially rabid animals		I Jana Marian	
	O.	Number of 30 day or 6 month quarantines not completed because animals were euthanized	() 1. } _{1/46} €		
AGENCY ADMIN	P.	Number of animal control officers employed in jurisdiction		4	
	Q.	Name of agency or organization responsible for rables control activities in this jurisdiction: RCACAC Address: 11780 Accord Re RC 91730 Phone: (900) 416 - 138 5 (24 5 91) - 156 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Completed by:	Endorsement by local Health Officer or authorized representative:
Signature:	Signature:
Name (print): Jen 12 ccdo.	Name (print):
Title: Amount centerning	Title:
Agency: RCACAC	Agency:
Telephone: 907-466-7387 x 2078	Telephone:
Email: jwoodard@ci.rancho-cucamanga.ca.	Email:
7 115	

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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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

Count	Don Bernadine	ements is for the Declared "Rabies Endemic Area" described below:					
	Specify the Area or Jurisdic	(Date)					
decla	cordance with Section 121585 and 121690 ration of the Director of Health Services that fory and regulatory programs must have conti	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 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.						
	AREA OR JURISDICTION COMPL	Y ENDORSEMENT BELOW IANCE WITH THE REQUIREMENTS OF BIES CONTROL PROGRAM					
	responsible for conducting the Rabies of Program in the jurisdiction or area:	Endorsement by local Health Officer or authorized representative:					
Date: _	1/5/07	Date:					
Signati	ure: Golph Pulciall	Signature					
Name	(print): JOSEPH PULCIUELLA	Signature: Name (print):					
	Exemil Car + Service Director	Title:					
	ss: 11780 aug Ponte	Address:					
	lande Cucamana CA 9173	30					
Teleph	one: 909-466-73 87	Telephone:					
	And we						

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