Rabies Submission Form

COMPLETE ALL SECTIONS

Submission form completed by: Name: ______________________ Phone #: __________________________

Do you want a phone call with the test results?  □ Yes  □ No

Section 1: Submitter Information

Send Report To/Submitter: ______________________________________ Phone #: __________________________
Mailing Address: ______________________________________ City: __________________ State: _____ Zip: _____

Section 2: Rabies Suspect Information

Animal to be tested:
- □ Bat
- □ Raccoon
- □ Cat
- □ Skunk
- □ Dog
- □ Fox
- □ Other

The animal was: □ Stray  □ Wild  □ Unknown  □ Owned
If Owned, Rabies Vaccination Status: □ Current  □ Not Current  □ Unvaccinated  □ Unknown
Owner’s Name: ______________________________________

The animal: □ Died on its own  □ Euthanized  □ Alive  □ Unknown

Livestock Use Only:

Animal Symptoms: □ Aggression  □ Paralysis  □ Seizures  □ Disorientation
- □ Ataxia (falling over)
- □ Drooling  □ Lethargy  □ None

Age: ______________
Gender: ______________
Breed: ______________

Animal was from: Town: __________________________
County: __________________________

Section 3: Exposure Information

Name, Address and Phone Number
(Human exposed or owner of animal exposed)

<table>
<thead>
<tr>
<th>Name, Address and Phone Number</th>
<th>Date of Exposure</th>
<th>Type of Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal☐ Human☐</td>
<td></td>
<td>□ Bite  □ Scratch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Handling  □ Unknown</td>
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</table>

Exposure Details: ________________________________________________________________________________
________________________________________________________________________________________________

FOR HETL USE ONLY

FA Result: ______________________ Reported by: ______________________ Date: ________________
Results Called to: ______________________ Time: ________________ Tech: ________________

Revised 10/2016