

**RABIES SUBMISSION FORM**

**Health and Environmental Testing Lab**  
221 State Street, Station 12  
Augusta, Maine 04333  
Tele: 207-287-2727 Fax: 207-287-6832  
After hours: 1-800-821-5821

**LAB #:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**Time rec'd:** \_\_\_\_\_  
**Entered by:** \_\_\_\_\_

**Send Report to:** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**ANIMAL TESTED (species):** \_\_\_\_\_ **Date of Contact:** \_\_\_\_\_

Animal was from **TOWN:** \_\_\_\_\_ **County:** \_\_\_\_\_

**DOMESTIC ANIMAL EXPOSURE:**

Animal or pet exposed: \_\_\_\_\_ **Vaccination status:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Was the animal BITTEN yes [ ] no [ ] describe the exposure and the circumstance of exposure:

\_\_\_\_\_  
\_\_\_\_\_

**HUMAN EXPOSURE:**

**Name:** \_\_\_\_\_ **Home Tele:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Work Tele:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Was this person BITTEN yes [ ] no [ ] describe the exposure and the circumstance of exposure:

\_\_\_\_\_  
\_\_\_\_\_

**FOR HETL USE ONLY:**

**RESULT:** FA \_\_\_\_\_ **REPORTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESULTS CALLED TO:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **TECH:** \_\_\_\_\_