# Rabies Submission Form

**COMPLETE ALL SECTIONS**

Submission form completed by: Name: __________________ Phone #: __________________

Do you want a phone call and/or email with the test results? □ Call  □ Email  □ Neither

Email address: __________________

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## Section 1: Submitter Information

Send Report To/ Submitter: __________________________ Phone #: __________________

Mailing Address: ____________________________ City: ____________ State: ______ Zip: _______

Do you want a phone call and/or email with the test results? □ Call  □ Email  □ Neither

Email address: __________________

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## 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

Animal Symptoms: □ Aggression  □ Paralysis  □ Seizures  □ Disorientation

□ Ataxia (falling over)  □ Drooling  □ Lethargy  □ None

Animal was from: Town: ____________

County: ____________

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## Section 3: Exposure Information

<table>
<thead>
<tr>
<th>Name, Address and Phone Number (Human exposed or owner of animal exposed)</th>
<th>Date of Exposure</th>
<th>Type of Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal □ Human □</td>
<td></td>
<td>□ Bite □ Scratch □ Handling □ Unknown</td>
</tr>
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</tr>
</tbody>
</table>

Exposure Details: ____________________________________________________________

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## FOR HETL USE ONLY

FA Result: __________________ Reported by: ___________ Date: ___________

Results Called to: __________________________________ Time: ___________ Tech: ___________

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