



Public Health

Prevent. Promote. Protect.

Frederick County Health Department

FREDERICK COUNTY HEALTH DEPARTMENT ANIMAL RABIES SUBMISSION FORM

NAME OF SUBMITTING FACILITY: _____

FACILITY CALLBACK PHONE NUMBER: _____

SPECIMEN INFORMATION:

EID (Specimen) Number: _____ Bite Report Number: _____

Specimen Type: Pet Stray Wildlife Livestock

Species: Bat Bear Beaver Cat Cow Coyote Deer Dog Fox Goat Groundhog Horse

Opossum Otter Pig Raccoon Sheep Skunk OTHER (requires prior approval): _____

Clinical Signs: Aggression Ataxia Disoriented Lethargy Paralysis Seizures Unexplained Wound Other

Cause of Death: Diseased Accidental Euthanized Unknown Other: _____ Date of Death: _____

Vaccination History: Current Lapsed Unvaccinated Unknown Last Vaccination Date: _____

EXPOSURE INFORMATION:

Exposure Address: _____ Exposure County: _____

Type of Exposure: Human Animal Human/Animal Date of Exposure: _____

Method of Exposure: Bite Lick Scratch Other

Circumstance Human: Capture Handling Provoked Attack Unprovoked Attack Found in Living Space Other

Circumstance Animal: Dead Animal Contact Fight Other

OWNER INFORMATION:

Name: _____

Address: _____

Owner County: _____ Phone: _____

VICTIM:

Name of Person: _____ Species of Animal Exposed (if applicable): _____

Exposure Site: _____ Phone Number: _____

Address: _____

VICTIM:

Name of Person: _____

Species of Animal Exposed (if applicable): _____

Exposure Site: _____

Phone Number: _____

Address: _____

VICTIM:

Name of Person: _____

Species of Animal Exposed (if applicable): _____

Exposure Site: _____

Phone Number: _____

Address: _____