



## 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: \_\_\_\_\_