

## Animal Rabies Examination Submission Form

Name of Facility Submitting: \_\_\_\_\_

Facility phone number: \_\_\_\_\_

### Specimen Information

Species (Circle One): Bat Cat Dog Raccoon Skunk Fox Groundhog Opossum Beaver Cow  
Horse Deer Bear Sheep Goat Other (Requires Prior Approval) \_\_\_\_\_

Type (Circle One): Pet Stray Wildlife Livestock \_\_\_\_\_

Clinical Signs (Circle One): Seizures Aggression Disoriented Lethargy Ataxia Paralysis  
Unexplained Wound Other

Vaccination Status of Submitted Animal (Circle One): Current Lapsed Unvaccinated Unknown

Cause of Death (Circle One): Diseased Euthanized Accidental Unknown Other

Date of Death: \_\_\_\_\_

### Owner of Submitted Animal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Exposure Information

Type of Exposure (Circle One): Human Animal Both

Method of Exposure (Circle one): Bite Lick Scratch Other

Circumstance of Human Exposure (Circle One): Other Capture Unprovoked Provoked

Circumstance of Animal Exposure (Circle One): Fight Dead Animal Contact Other

Address Where Exposure Occurred: \_\_\_\_\_

Name of Person/Animal Exposed: \_\_\_\_\_

Address of Person/Animal Exposed: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_

Exposed Body Area: \_\_\_\_\_

Phone Number: \_\_\_\_\_