



ANIMAL RABIES CASE REPORT

I. TESTING LABORATORY: Please complete Section I, fax or email to the Veterinary Public Health Section using the contact information above, and forward the original to the County Rabies Investigator.

Laboratory: _____ Date Received: _____
Sample Submitted By: _____ Phone: _____
Animal Species: _____
Sample Submitted: Animal Head Brain Other _____
Lab Specimen #: _____

Laboratory Test Results: Date Reported

FRA Test: _____ Positive Unsatisfactory Pending Not Done
VRDL Referral: _____ Positive Unsatisfactory Pending Not Done
VRDL Lab #: _____

Humans Exposed (bitten or significant saliva contact?) Yes No Unknown
Other Animals Exposed (bitten or direct contact?) Yes No Unknown

II. RABIES EPIDEMIOLOGIC INVESTIGATION: Please complete Section II and fax or email to the Veterinary Public Health Section using the contact information above.

Type of Rabid Animal: Pet Livestock Stray Wild Date Animal Found: _____
Address/Location Where Found: _____
Cause of Death: Euthanized Died in Quarantine Killed- How? _____
Clinical Impressions: Dumb Furious Found Dead Unknown Other _____
Other Animals Exposed? Yes No Unknown Vaccinated at Time of Exposure? Yes No
Species: _____ Number: _____ Bitten Direct Contact Unknown
Please Describe Details/Disposition of Exposed Animals (i.e. revaccinated, quarantined, euthanized, etc.)

Humans Exposed? Yes No Unknown Number: Bitten Scratched Saliva Contact Only
Attack: Unprovoked Provoked? (includes attempts to help injured animals)
Name, Address, & Phone of Exposed Persons:

Explain if Exposed but Not Treated: Number: Persons Treated?

County Personnel Reporting:

Name: _____ Date Reporting: _____
Title: _____ County Agency: _____
Address: _____ Phone: _____
Email: _____



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Domestic Animal Information Form

Please complete this page if the rabid animal was a domestic dog, cat, horse, cattle, goat, sheep, etc.

Owner's Contact Information:

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

Domestic Animal's Information:

Name: _____

Sex: Male Female

Breed: _____

Altered? Yes No Unknown

Licensed? Yes No Unknown

Age (estimate for strays): _____ Date of First Signs: _____ Date of Death: _____

Rabies Vaccinated? Yes No Expired Vaccination Date: _____

Administering DVM: _____ Product Name: _____

Manufacturer: _____ Lot Number: _____

Animal's Environment? Urban Suburban Rural Other _____

If the animal was originally from another country/state, please specify: _____

Veterinarian's Information:

Seen by a DVM? Yes No

DVM's Name: _____

Date of Initial Visit: _____

DVM's Phone: _____

Initial Diagnosis/Ruleout: _____

DVM's Email: _____

For The 6-Month Period Before the Animal's Death:

How many hours per day was the animal kept outside? _____

Kept on a lead or in a pen while outside? Yes No Unknown

Kept indoors or in a pen at night? Yes No Unknown

Missing for more than 24-hours? Yes No Unknown

Observed fighting/playing with any wild animal? Yes No Unknown

Observed fighting/playing with a confirmed rabid animal? Yes No Unknown

Exhibited signs of an unexplained lameness? Yes No Unknown

Unexplained wound or cut? Yes No Unknown

Describe location and type of injury: _____

Used for hunting wild animals? Yes No Unknown

Traveled out-of-state or out-of-country? Yes No Unknown

Specify destination & date(s): _____

Comments: _____