



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



## ANIMAL RABIES CASE REPORT

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