Rabies Submission Form

Submitter I	nformation		
Contact Name:	Type of Submitter:		
		Animal Control Officer	
	Police Officer	Local Health Unit	
	Owner of the anim	al being submitted or	
	individual who found	the animal	
	Other (please specify):		
Address:	City:	State:	
Zip Code:	County:		
Phone Number:	Submitter Email:		
Suspected Rabid A	nimal Information		
What species of animal is being submitted for the			
Bat Cat Cow Dog		. Horse	
	kunk Other		
Date animal died:	How did the animal d	ie?	
	Found dead	Natural causes	
	Killed	Unsure	
We show in all among the section 2		r 1	
Was the animal symptomatic? Ye		Inknown	
If yes, which symptoms did the animal exhibit?			
Difficulty swallowing	Unusual aggression	1	
Choking	Slobbering		
Sagging jaw	Loss of appetite		
Straining Restleasness and excitability	Wandering from ho Paralysis	onne	
Restlessness and excitability Seizures	Other (please specify):		
Seizures	Other (please specify)		
Was the submitted animal being held for rabies	observation at the time	e of death?	
Yes No Unknown			
What is the rabies vaccination status of the anim			
Current Not curre		ated	
Vaccination with unknown la		nown	
The animal submitted was: Pet/owned			
Wild	Unknown		
If the animal was stray/un-owned, mark the age category of the animal:			
Juvenile Adult Unknown			
If the animal was a pet/owned, state the age of the animal:			
If applicable, state the name of animal being submitted:			
Are the submitter and the owner the same person? Yes No			
Exposure Information			
Were other humans or animals exposed to the suspected rabid animal? Mark all that apply.			
were other numans or animals exposed to the s	uspected rabid annual?		

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Briefly describe the circumstances of the expo	osures.	<u> </u>
How many people were exposed?		
1 2 3		known
Please list any additional human exposure not	es.	
1 Exposed Days	on Contact Information	
Name:		
Address:	City:	State:
Zip Code:	County:	
Phone Number:	Email:	
Type of Exposure: Bite (Any penetra	tion of the skin by teeth	n) Other
If other, what type of non-bite exposure?	<u> </u>	<i>.</i>
A scratch that broke the skin Saliva or neural tissue contacting an op	pen wound or break in f	he skin
Saliva or neural tissue contacting much		
Other, please specify:		-

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Has the exposed person received post exposure Yes No	rabies treatment? Unknown		
If yes, please list the name of the hospital or cli exposure treatment began.		s given and date post	
0 E 1D			
Name: 2. Exposed Perso	on Contact Information		
Address:	City:	State:	
Zip Code:	County:		
Phone Number:	Email:		
If other, what type of non-bite exposure? A scratch that broke the skin Saliva or neural tissue contacting an ope Saliva or neural tissue contacting mucus Other, please specify: Has the exposed person received post exposure Yes No If yes, please list the name of the hospital or cli exposure treatment began.	s membranes such as th rabies treatment? Unknown	e eyes, nose, or mouth.	
3. Exposed Person Contact Information			
Name:			
Address:	City:	State:	
Zip Code:	County:		
Phone Number:	Email:		
Type of Exposure:Bite (Any penetratIf other, what type of non-bite exposure?A scratch that broke the skinSaliva or neural tissue contacting an opeSaliva or neural tissue contacting mucusOther, please specify:		e skin.	

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Has the exposed person received	post exposure	rabies trea	tment?	
Yes	No	U	nknown	
If yes, please list the name of the	hospital or cli	nic where t	treatment wa	as given and date post
exposure treatment began.	-			C 1
1	A 1 E			
			ormation	
Were any domestic animals expos			T	
Ye		5 L	Insure	
How many animals were exposed				
1 2	3	More that	n 3 U	Jnsure
Species of animal exposed:				
Cat Cow	Dog	Ferret	Horse	Other
	e			
Owner Name:				
Address:		City:		State:
Address.		City.		State.
Zin Cada:		Country		
Zip Code:		County:		
	15			
2	. Animal Ex	posure Info	ormation	
Species of animal exposed:				
Cat Cow	Dog	Ferret	Horse	Other
Is the owner contact information t	he same as th	e previous	animal?	
Yes	No (if no, p	lease fill out owr	ner information be	low)
Owner Name:				
Address:		City:		State:
11001000.		enty.		State.
Zip Code:		County:		
Zip Code.		County.		
2	A ' 1 T			
3	. Animal Ex	posure Info	ormation	
Species of animal exposed:				
Cat Cow	Dog	Ferret	Horse	Other
Is the owner contact information t	he same as th	e previous	animal?	
Yes	No (if no, p	lease fill out owr	ner information be	low)
Owner Name:				
Address:		City:		State:
11001055.		City.		State.
Zie Code:		Carrie		
Zip Code:		County:		

For any additional human or animal exposures, use the back of this form to note the details.