

Rabies Specimen History

Instructions: Please type or print with black ink.
Completed history is required for specimen examination.

FOR LABORATORY USE ONLY

1. Kind of animal	2. Breed/Species	3. Age	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Lab No. _____

Date _____

5. Animal location

Town _____ County _____

Exact location - Street address or route (road) and distance to nearest intersection (identify):

6. Submitted animal's rabies vaccination status: current not current unvaccinated unknown

7. Was the animal sick or acting strangely? yes no

Signs of rabies: neurologic disorder paralysis difficulty swallowing unusual aggression

Other, describe: _____

8. Date of death: ____ / ____ / ____

9. If killed, how? _____

10. Owner/complainant name _____ Tel. No. (____) _____ - _____

Address _____

No. & Street _____ City _____

11. Has any person been bitten by this animal?

no yes date ____ / ____ / ____

If yes, please give details including name, address and telephone number.

12. Was any person scratched or in direct contact with animal's saliva or nervous tissue?

no yes date ____ / ____ / ____

If yes, please give details including name, address and telephone number.

13. Was this animal in contact with a pet or domestic animal?

no yes date ____ / ____ / ____

If yes, Species _____ Owner's name _____

Address _____ Tel. No. (____) _____ - _____

Exposed pet or domestic animal's vaccination status: current not current unvaccinated unknown

14. Specimen submitted by:

Name _____ Agency _____

Address _____

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LABORATORY REPORT

This is a FINAL report. Results of virus isolation tests will be reported only if they contradict the fluorescent antibody test.

The fluorescent antibody test was negative for evidence of rabies.

The specimen was unsatisfactory for examination due to: decomposition inappropriate tissue

mutilation other _____

Other _____

EVIDENCE OF RABIES WAS FOUND BY THE FLUORESCENT ANTIBODY TEST.

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