Animal Rabies (Animal Contacts) Report Form

INTERVIEW

EpiTrax # _____________________  Interviewer Name: ____________________________________________

CONTACT INFORMATION

Name/Identifier: _______________________________  County: _____________________
If owned, owner’s telephone number: _______________  Address: ___________________________________  
__________________________________________________________________________________  

Disposition:  
☐ Testing/Treatment Recommended  ☐ Unable to Locate  
☐ Insufficient Information to Begin Investigation  ☐ Infected  
☐ Not Infected  ☐ Other, Specify:__________________

Disposition Date: _____________________

CONTACT INVESTIGATION

A. Contact Animal Details

Species: ____________________________  Was the animal:  ☐ Wild  ☐ Domestic  ☐ Unknown
Approximate Age: ________________  Color/Description: _______________________________________

Animal Ownership:
☐ Owned  ☐ Stray/Not Owned  ☐ Unknown

If Owned, Owner Information:

Name: __________________________________________  Telephone Number: ______________
Address: _______________________________________________________________________

B. Exposure

Was the contact animal vaccinated for rabies?  
- [ ] Not vaccinated  
- [ ] Up-to-date on rabies vaccination  
- [ ] Previously vaccinated for rabies, but no up-to-date  
- [ ] No vaccination for species  
- [ ] Unknown

If up-to-date or previously vaccinated, date of last vaccine?  

Location where vaccinated:  

Type of exposure:  
- [ ] Bite  
- [ ] Non-bite (scratch or abrasion)  
- [ ] Non-bite (contamination of open cut with saliva or nervous tissue)  
- [ ] No exposure (handling, blood contact)

Specify exposure site:  

Was exposure provoked or unprovoked?  
- [ ] Provoked  
- [ ] Unprovoked

Describe exposure incident:  

Provide address where animal was exposed:  

Contact Animal Disposition:

- **Euthanized, submitted for testing**
  - Date submitted: ____________

- **45 day Observation**
  - Location of observation:
    - Home
    - Veterinary Office
    - Animal Shelter
    - Other, Specify: ____________

  Observation Start Date: ____________
  Observation End Date: ____________

  Was animal vaccinated prior to the end of observation?  
  - Yes
  - No

  Did the animal survive 45 day observation?  
  - Yes
  - No
  - Unknown

  If no, was specimen submitted for testing?  
  - Yes
  - No
  - Unknown

- **6 month Quarantine**
  - Location of quarantine:
    - Home
    - Veterinary Office
    - Animal Shelter
    - Other, Specify: ____________

  Quarantine Start Date: ____________
  Quarantine End Date: ____________

  Was animal vaccinated prior to the end of quarantine?  
  - Yes
  - No

  Did the animal survive 6 month quarantine?  
  - Yes
  - No
  - Unknown

  If no, was specimen submitted for testing?  
  - Yes
  - No
  - Unknown

- **Unavailable**

Additional Notes: 
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________