



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: _____

