Animal Rabies Report Form

INTERVIEW

EpiTrax # ____________________  Investigator Name: ________________________________________________

Date reported to LHD: __________  Date Investigation Started: __________  Date Completed: __________

DEMOGRAPHIC

Submitter Name: __________________________  County: ___________________

Submitter Telephone Number: ______________  Address: ______________________________________

____________________________

INVESTIGATION

A. Animal Information

Species: ________________  Was the animal:  □ Wild  □ Domestic  □ Unknown

Approximate Age: ______________  Color/Description: ______________________________________

Animal Ownership:

□ Owned  □ Stray/Not Owned  □ Unknown
Animal Disposition:

☐ Euthanized, submitted for testing  Date Submitted: _______

☐ 10 day Observation  Location of observation:

☐ Home  Observation Start Date: __________
☐ Veterinary Office
☐ Animal Shelter  Observation End Date: __________
☐ Other, Specify: _________________

If observed, did the animal survive the 10 day observation?  ☐ Yes  ☐ No

If no, was specimen submitted for testing?  ☐ Yes  If yes, date submitted: _______
☐ No

☐ Unavailable

B. Symptoms

Was the animal sick or acting strangely?  ☐ Yes  ☐ No  ☐ Unknown

If yes, indicate signs of rabies:

☐ Unusual aggression
☐ Excess salivation
☐ Impaired locomotion
☐ Wild animals with no fear of people
☐ Paralysis
☐ Difficulty swallowing
☐ Other signs of rabies, Specify: _________________
C. Vaccination History

Was the animal vaccinated for rabies? □ Not vaccinated
□ Up-to-date on rabies vaccination
□ Previously vaccinated for rabies, but not up-to-date
□ No vaccination for species
□ Unknown

If up-to-date or previously vaccinated, date of last vaccination: _____________

Location where animal was vaccinated: _____________

D. Exposure

Indicate all potential contact types exposed to animal: □ Owner(s)
□ Complaintant(s)
□ Other animal(s)
□ Veterinarian/Veterinary staff
□ Animal Control
□ Other, specify _______________________
□ No potential exposure occurred, explain circumstances: _______________________

E. Clinical

If the animal has died, indicate the manner of death: _______________________
Date of death: _____________

F. Epidemiological

Imported from: □ Indigenous □ Outside U.S. □ Outside of County □ Out of State □ Unknown