Rabies Examination
Rabies/Necropsy _____________
Rabies Test Only _____________
(No other Tests will be done)
Ref # __________________________

Incident Information
Kind of Animal:    Dog _____ Cat _____ Fox _____ Skunk _____ Bat _____
Raccoon _____ Other ________________
If applicable: Breed ________ Sex ________ Age ________ Color ________
Common Species Name ____________________
Was Animal:  Owned ______
Vaccinated?  Yes ____  No ______
Stray ______
Date ____/____ (Mo/Yr)
Symptoms suggestive of Rabies? Yes _____  No ______
If Yes,  Describe _____________________________________
County of Incident: _________________________________________________

Reason for Request
Person Bitten? Yes ____ , (Name) _________________________________________
(Area of Body) ______________________________________________________
Person Exposed: Scratched _____ Licked _____ Touched _____
Animal Exposed: __________
No Known Exposure: __________

Specimen Information
Animal: Killed _____ Died _____   Date: ____/____/____ (Day/Mon/Year)
Packed For Shipment: Date: ____/____/____ (Day/Mon/Year)

Identification
Preference: (Must be a person’s name) Owner if known, or the person exposed
Name: _____________________________________________ Phone: _______________________
Address:  _____________________________________________
City: _____________________________ St: _______ Zip: ___________

Submitting County Health Department:
City: _____________________________ St: _______ Zip: ___ Phone: ________________

If applicable: Vet Clinic; or Reference Lab
Name: _____________________________ Address: _____________________________
City: _____________________________ St: _____ Zip: ___ Phone: ________________

All below for DLS use ONLY
Date Received: _________________
ID #:________
Lab # ________

Confirmatory :POS ______________________ Date / Time: __________________
NEG ______________________ To : __________________
Unsatisfactory: __________________ By : __________________
Reason Unsat: ______________________

Lab 254A (Rev 9/2018)