



KY Division of Laboratory Services
100 Sower Blvd. Suite 204
Frankfort, KY 40601
(502)564-4446

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 # _____

Comments:

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

