



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

If Owned, Owner Information:

Name: _____ Telephone Number: _____

Address: _____

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

No

If yes, date submitted: _____

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:



All potential contacts, human or animal, should have a contact event form completed. This includes contacts where PEP was ruled out.

- Owner(s)
- Complainant(s)
- Other animal(s)
- Veterinarian/Veterinary staff
- Animal Control
- Other, specify _____
- No potential exposure occurred, explain circumstances: _____

CLINICAL

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

EPIDEMIOLOGICAL

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