

Case Number: _____

Human Exposure: Yes No

Date Received: _____

Name of Person Bitten/Exposed: _____

Veterinarian/ Clinic: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Owner of Animal: _____

County Health Dept: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Species: _____ Breed: _____ Age: _____ Sex: _____ Date/Time of Death: _____

Environment: _____ Animal Died Animal Killed Animal Vaccinated Yes No

Clinical observations: Be specific as to clinical signs observed in the animal. Be as detailed as possible concerning human exposure, if any: _____

FOR LABORATORY USE ONLY

Negative by Fluorescent Antibody Test

Positive by Fluorescent Antibody Test

Faxed to State Office: _____

Sent to KY Health Dept. for mouse inoculation test.

Results will follow within 35 days. **Sent by/date:** _____

Specimen unsatisfactory for rabies testing

Comment: _____

Copy Sent to County Health Department listed above

Examined By: _____

Health Dept phoned by/date: _____

Date: _____