

# RABIES ACCESSION FORM

**BREATHITT VETERINARY CENTER**  
 P.O. BOX 2000 – 101 MSU DRIVE  
 HOPKINSVILLE, KY 42241-2000  
 Phone: 270-886-3959  
 Email: msu.bvc@murraystate.edu



**FOR LAB USE ONLY**

Case Coordinator: \_\_\_\_\_  
 Carrier: M U F O V Tech Cooler Other  
 Rec. Date/Time:  
 Condition:  
     Head                      Carcass

Owner Name:			Health Department:		
Address:			Phone:		
City:	ST	ZIP	Email:		
Phone:			Veterinarian:		
Address of Incident:			Phone:		
City:	ST	ZIP	Email:		

Name & Phone Number	Date of Exposure	Type of Exposure		
		Bite	Scratch	Handling
		Other:		

Animal Exposure:    No    Yes, species and number exposed:  
 Additional History:

Species	Breed	Sex	Age	Years Months	Owned	Stray	Wild
<b>Vaccination Status</b>			<b>Signs of Rabies</b>				
Yes		Neurological	Unable to eat or drink		Excessive salivation		
No	<i>Last Date</i>	Unusually vicious	No signs				
Unknown		<b>Date of Death:</b>			Killed	Died	

<b>LAB USE ONLY</b>	<b>Fluorescent Antibody Test Results</b>
Negative	Positive
Indeterminate	Confirmed by:
Unsatisfactory for Testing	Date:
Examined by:	State Public Health Notified:
Date:	Date Health Dept notified:
	Sample forwarded: