

QUESTIONNAIRE FOR RABIES SUSPECT SPECIMENS
PENNSYLVANIA VETERINARY LABORATORY
2305 North Cameron Street, Harrisburg PA 17110-9449
Phone: 717-787-8808 Fax: 717-772-3895

DATE SUBMITTED _____

SENDER/SUBMITTER _____ _____ _____ PHONE _____	OWNER OR GAME COMMISSION _____ _____ _____ PHONE _____
KIND OF ANIMAL TO BE TESTED _____ <input type="checkbox"/> PET <input type="checkbox"/> STRAY <input type="checkbox"/> WILDLIFE BREED _____ SEX _____ AGE _____ COLOR _____	
ADDRESS OF LOCATION WHERE INCIDENT OCCURRED STREET _____ CITY _____ ZIP CODE _____ COUNTY _____	
Please Specify: <input type="checkbox"/> IN HOME <input type="checkbox"/> BACKYARD OF HOME <input type="checkbox"/> DOG PEN <input type="checkbox"/> OPEN FARM LAND <input type="checkbox"/> BARN <input type="checkbox"/> WOODLAND <input type="checkbox"/> OTHER	

WAS ANY PERSON BITTEN/EXPOSED OR SCRATCHED? Yes No Unknown

NAME: _____ PHONE: _____

STREET: _____ CITY _____ STATE _____ ZIP CODE _____

WAS ANY DOMESTIC ANIMAL BITTEN/EXPOSED OR SCRATCHED? Yes No Unknown

NAME OF DOMESTIC ANIMAL OWNER/CARETAKER: _____ PHONE: _____

STREET: _____ CITY _____ STATE _____ ZIP CODE _____

Describe the Incident _____

Rabies Vaccination status of animals involved? _____

Veterinarian's Name _____ Clinical Diagnosis _____

Animal History/Behavior: _____

How did animal die? Killed Natural Causes Other Date of Death _____

(Additional information may be written on back.)

LABORATORY USE ONLY

1. SPECIMEN: Carcass Head Brain Other _____

METHOD OF SUBMISSION _____

CONDITION OF SPECIMEN _____

2. FLUORESCENT ANTIBODY TEST RESULTS FOR RABIES:

_____ POSITIVEEvidence of rabies virus	_____ INDETERMINATE.... This result does not exclude the possibility of rabies in this animal.
_____ NEGATIVE..... No evidence of rabies virus	_____ UNSATISFACTORY FOR EXAMINATION
_____ OTHER _____	

DATE REPORTED: _____ REPORTED BY: _____

CONTACT _____ CONTACT _____