Accession #:

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 _____ Quick Courier Shipping Fee Acknowledgment - Sign Here: _____

SENDER/SUBMITTER

_____
_____
_____

EMAIL _____
FAX _____
PHONE _____

OWNER OR GAME COMMISSION

_____
_____
_____

EMAIL _____
FAX _____
PHONE _____

KIND OF ANIMAL TO BE TESTED _____ ☐ PET ☐ STRAY ☐ WILDLIFE

BREED _____ SEX_____ AGE _____ COLOR _____

ADDRESS OF LOCATION WHERE INCIDENT OCCURRED:

STREET_____ CITY_____ ZIP CODE_____

COUNTY_____

Please Specify: ☐ IN HOME ☐ BACKYARD OF HOME ☐ DOG PEN ☐ OPEN FARM LAND ☐ BARN ☐ WOODLAND ☐ 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:

   _____ POSITIVE ……Evidence of rabies virus

   _____NEGATIVE….. No evidence of rabies virus

   _____ INDETERMINATE…. This result does not exclude the possibility of rabies in this animal.

   _____UNSATISFACTORY FOR EXAMINATION

   _____ OTHER_____

DATE REPORTED: _____ REPORTED BY: _____