

**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:

_____ POSITIVE .....Evidence 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 \_\_\_\_\_