

DOMESTIC ANIMAL RABIES REPORT FORM

DO NOT WRITE IN THIS SPACE

Record Number: _____ Lab #: _____ ID #: _____ Week/Year Reported: ____/____/____

Name of Person Filling Out Form: _____ Date: ____/____/____

Phone #: () _____ Reporting County: _____

Please make every effort to complete all questions; if information is unknown, leave question blank.

1. Name (or description) of animal: _____
Age (estimate age for strays): ____yrs or ____months Sex: ____M ____F
2. Type of animal: ____cat ____cow ____dog ____horse ____other (list) _____
Was this animal castrated or spayed? ____yes ____no ____unknown
3. Class of animal: ____stray ____pet ____other (specify: _____)
If pet, owner's name and address: _____

4. What type of environment was the animal living in most recently?
____urban ____suburban ____rural ____other (specify: _____)
5. Check any symptoms the animal exhibited within 10 days of death:
____excitability ____restlessness ____unusual aggressiveness
____lethargy ____change in voice ____difficulty swallowing
____fever ____lameness ____paralyzed limbs
____seizure ____excess drooling ____loss of coordination
____drooping jaw ____loss of appetite ____sensitive to touch
____irritability ____afraid of light ____healed of open wound
____no symptoms ____other symptoms (specify: _____)
6. Was the animal taken to a veterinarian for this illness? ____yes ____no
If yes, name of veterinarian: _____ Vet/clinic phone #: () _____
Date of initial visit: ____/____/____ What was his/her initial diagnosis? _____
Were blood samples taken? ____yes ____no
7. Date first symptom appeared: ____/____/____
8. Date of animal's death: ____/____/____
9. How did the animal die? ____euthanized ____died naturally ____road kill
10. Method of laboratory confirmation:
____fluorescent antibody ____other (specify: _____)
11. How many people received post-exposure prophylaxis as a result of exposure to this animal? _____
12. Of these people (question 11), how many were actually bitten? _____
Of these people (question 11), how many were exposed to saliva or central nervous system tissue via open wound or mucous membrane? _____
If there is a difference in number between Question 11 and 12, please explain. _____

13. How many animals were exposed to this animal? _____
14. What was the rabies vaccination status of the animal that was tested?
____current vaccination
____expired previous vaccination
____no previous vaccination
____unknown (explain: _____)

If animal was owned, continue with question #15, otherwise go to question #26

Questions #15-25 are for owned animals only.

15. For animals previously vaccinated for rabies, please complete the following table. List the most recent rabies vaccination first. For route of administration, write IM for intramuscular, SQ for subcutaneous, and U for unknown. For documentation, check yes if confirmed by a veterinarian or if there was written documentation (e.g., rabies certificate, receipt), otherwise check no.

<u>Date Vaccinated</u>	<u>Name/Manufacturer of Vaccine</u>	<u>Route</u>	<u>Documented?</u>	
1. ___/___/___	_____	_____	___yes	___no
2. ___/___/___	_____	_____	___yes	___no
3. ___/___/___	_____	_____	___yes	___no
4. ___/___/___	_____	_____	___yes	___no
5. ___/___/___	_____	_____	___yes	___no
6. ___/___/___	_____	_____	___yes	___no
7. ___/___/___	_____	_____	___yes	___no

Answer the following for the 6 month period before the animal's death:

16. Was the animal observed fighting or playing with any wild animals? ___yes ___no
If yes, specify type of animal (s): _____
17. Was the animal observed fighting or playing with a previously confirmed rabid animal ___yes ___no
If yes, specify type of animal (s): _____
18. Did the animal have an unexplained wound or cut? ___yes ___no
If yes, specify type of animal (s): _____
19. Did the animal have an unexplained lameness? ___yes ___no
20. Was the animal missing for 24 hours or more? ___yes ___no
21. Approximately how many hours per day was the animal outside? _____hrs.
22. Was the animal kept on a leash or in a pen when outside? ___yes ___no
23. Was the animal kept indoors or in a pen at night? ___yes ___no
24. Was the animal used for hunting? ___yes ___no
25. Did the animal travel out of the country? ___yes ___no
If yes, specify country and explain: _____

End of questionnaire for owned animals

Questions #26-30 are for all other classes of animals.

26. Did the animal have a collar or tag when captured? ___yes ___no
27. Was the animal fed on a regular basis by someone? ___yes ___no
28. Was the animal seen before in the community? ___yes ___no
29. Where was the animal when captured/found?
___residential area (e.g., home, private property)
___agricultural area (e.g., farm, feedlot)
___commercial area (e.g., shopping area, downtown)
___recreational area (e.g., park, playground)
___industrial area (e.g., factory, plant)
___other (specify: _____)
30. Is there evidence that this animal is from another country? ___yes ___no
If yes, specify country and explain: _____

Direct any questions and return completed forms to:

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