

DOMESTIC ANIMAL RABIES REPORT FORM

Record No.: _____ Lab #: _____ ID #: _____ Week/Year Reported: ____/____

Local Health Department Information

Date: ____/____/____

Name of Person Completing Form: _____

Phone #: () _____ Reporting County: _____

Co. of animal origin (if different from above): _____

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

Animal information

1. Species: ____ cat ____ dog ____ bovine (if bovine indicate beef or dairy)
____ horse ____ other (specify: _____)

2. Age (estimate age for strays): ____ yrs OR ____ months

3. Sex: ____ M ____ F Spayed or castrated? ____ Yes ____ No ____ Unknown

4. Class of animal: ____ stray ____ owned ____ other (specify: _____)

5. If stray/feral cat, was this animal a member of a cat colony? ____ Yes ____ No
____ Unk

6. If yes to #5, please characterize the colony including information such as how many cats are in the colony, whether the cats are ear tipped, whether the colony is on public or private land, whether this is a managed cat colony (and if so, what group or individual manages the colony) and how many people seemed to be involved in the care/feeding of the colony:

Owner or colony manager's name and address if applicable:

7. What type of environment was the animal living in most recently?
____ urban ____ suburban ____ rural ____ other (specify: _____)

8. Clinical signs exhibited within 10 days of death (check all that apply):

- ____ 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 or open wound
____ no symptoms ____ other signs (specify: _____)

Veterinary examination and laboratory information

9. Was the animal examined by a veterinarian for this illness? ____yes ____no

If yes, name of veterinarian: _____

Vet/clinic phone #: () _____

Date of initial visit: ____/____/____ What was the initial diagnosis? _____

Were any diagnostic tests performed as part of the clinical work up? ____yes ____no

If so, please list diagnostic tests performed: _____

10. Date first clinical sign(s) appeared: ____/____/____

11. Date of animal's death: ____/____/____

12. How did the animal die? ____euthanized ____died naturally ____killed in another way

13. Method of laboratory confirmation:

____direct fluorescent antibody (the test performed at DCLS and Fairfax Public Health Lab)

____other (specify: _____)

14. How many people received post-exposure prophylaxis as a result of exposure to this animal?

15. Of these people (question 14), how many were actually bitten? _____

Of these people (question 14), how many met the health department's definition of a nonbite (i.e., exposure to saliva or central nervous system tissue via open wound or mucous membrane)?

If there is a difference in number between Question 14 and the sum total in 15, please explain.

16. How many animals met the health department's definition of rabies exposure as a result of this animal? _____

If other animal(s) were exposed, please describe the result of this exposure on this/these animal(s): _____

17. What was the rabies vaccination status of the animal that was diagnosed with rabies?

____current vaccination

____expired previous vaccination

____no previous vaccination

____unknown (explain: _____)

If the animal was vaccinated, continue with question #18, otherwise go to question #19.

Questions #19-29 are for owned animals only.

18. 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.

Date Vaccinated Name/Manufacturer of Vaccine Route Documented?

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 (or less for any animal that died before it was 6 months old) before the animal's death:

19. Was the animal observed in direct contact with or in close proximity to any wild animals?
____yes ____no

If yes, specify type of animal (s) and when this animal was seen in close proximity to wild animals: _____

20. Was the animal observed in direct contact with or in close proximity to a previously confirmed rabid animal ____yes ____no

If yes, specify type of animal (s) and when this animal was seen in close proximity to wild animals: _____

21. At any time in the 6 months prior to death, was this animal placed in confinement or strict isolation by the local health department/animal control due to a rabies exposure? ____yes ____no

If yes, please explain: _____

22. Did the animal have an unexplained wound or cut? ____yes ____no

If yes, where specifically was the wound and when in relation to the onset of illness was the wound found? _____

23. Did the animal have an unexplained lameness? ____yes ____no

If yes, what limbs were involved and when in relation to the onset of illness was the lameness seen? _____

24. Was the animal missing for 24 hours or more? ____yes ____no

25. Approximately how many hours per day was the animal outside? _____hrs.

26. Was the animal kept on a leash or in a pen when outside? ____yes ____no

27. Was the animal kept indoors or in a pen at night? ____yes ____no

28. Was the animal used for hunting? ____yes ____no

If yes, what kind of hunting? _____

29. Did the animal travel out of the country or was it imported from another country? ____yes ____no

If yes, specify country and explain: _____

End of questionnaire for owned animals

If the animal was a stray or unowned, complete questions #30-38.

30. Did the animal have a collar or tag when captured? ____yes ____no

31. Was the animal fed on a regular basis by someone? ____yes ____no
If yes, for how long?_____

32. Was the animal seen before in the community? ____yes ____no
If yes, for how long?_____

33. 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: _____)

34. Was the animal ever observed in direct contact with or in close proximity to any wild animals? ____yes ____no
If yes, specify type of animal (s) and when this animal was seen in close proximity to wild animals: _____

35. Was the animal observed in direct contact with or in close proximity to a previously confirmed rabid animal ____yes ____no
If yes, specify type of animal (s) and when this animal was seen in close proximity to wild animals: _____

36. Did the animal have any wounds or cuts? ____yes ____no
If yes, where specifically was the wound and when in relation to the onset of illness was the wound found?_____

37. Was this animal ever observed to be lame? ____yes ____no
If yes, what limbs were involved and when in relation to the onset of illness was the lameness seen?_____

38. 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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109 Governor Street
Madison Building, 4th Floor
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Phone #: (804) 864-8182; Fax #: (804) 864-8131 Document last updated: January 26, 2015