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: ____________________________

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.

<table>
<thead>
<tr>
<th>Route of Administration</th>
<th>Date</th>
<th>Vaccination Status</th>
<th>Doc. Confirmed</th>
<th>Written Doc.</th>
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*If the animal was vaccinated, continue with question #18, otherwise go to question #19.*

**Questions #19-29 are for owned animals only.**

19. 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:

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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Division of Environmental Epidemiology
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Richmond, Virginia 23218
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