

# 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:**

Virginia Department of Health  
Division of Environmental Epidemiology  
109 Governor Street, Suite 516 East  
Richmond, Virginia 23218  
Phone #: (804) 864-8182; Fax #: (804) 864-8131