

RABIES HISTORY AND SUBMISSION FORM
 Animal Disease Laboratory, Nevada Department of Agriculture
 405 S 21st Street, Sparks NV 89431
 Phone No.: 775-353-3718; Fax: 775-353-3659

SPECIMEN INFORMATION: Species: _____ Breed: _____ Name: _____ Age: _____ Sex: _____

Rabies Vaccination: No Unknown Yes Date: _____

Did the animal show symptoms: Neurological deficits ___ Paralysis/Paresis ___ Aggression ___ Drooling ___

Animal Location: _____ Date/Time: _____ Observer: _____

Euthanasia: Yes No Date of death: _____ Submission: Entire Head Tissue

OWNER INFORMATION: Wild Stray Owned

Name: _____ Address: _____ Phone No.: _____

Human Exposure: Yes No

Name: _____ Date: _____ Phone No.: _____

Incident Details: _____

Animal Exposure:

Species: _____ Breed: _____ Age: _____

Rabies Vaccination: No Unknown Yes Date: _____

Owner: _____ Address: _____ PhoneNo.: _____

Incident Details: _____

Submitter:

Agency/ Clinic: _____ Name (Officer/individual): _____

Address: _____ Phone No.: _____ Fax No.: _____

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For ADL use only:	RESULTS:	CREMATION:	REPORTING:
Acc #: _____	Negative: _____	Communal Cremation: _____	Date: _____
Date Received: _____	Positive: _____	Private Cremation: _____	Time: _____
Time Received: _____	Unsatisfactory: _____	Disarticulation: _____	Reported to: _____
Specimen Condition: _____	Indeterminate: _____	Weight: _____	Staff member: _____
Reagent and Lot No.: _____	Exp. Date: _____	Diagnostician Signature: _____	
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