

New Jersey Department of Health
Public Health Laboratories

REQUEST FOR RABIES EXAMINATION

FOR LAB USE ONLY
Lab Number
Date Received

SECTION I - INFORMATION ON ANIMAL SUBMITTED

1. Type of Animal (e.g., dog, cat, raccoon, etc.)		2. Was Animal: <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild		3. Date of Death
4. Cause of Death <input type="checkbox"/> Euthanized <input type="checkbox"/> Found Dead <input type="checkbox"/> Other: _____			5. Is/was animal vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. Animal Behavior Before Death (Check all that apply)				
<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Lethargic or In Coma <input type="checkbox"/> Wobbly Gait <input type="checkbox"/> Not Afraid of Humans or Domestic Animals <input type="checkbox"/> Appeared Sick <input type="checkbox"/> Drooling Saliva <input type="checkbox"/> Paralysis <input type="checkbox"/> Other (Explain): _____ <input type="checkbox"/> Aggressive <input type="checkbox"/> Overly Friendly <input type="checkbox"/> Wild Animal Out in Daylight <input type="checkbox"/> Unknown				
7. Owner of Animal/Residence of Specimen Origin:				
Name: _____ Tel. No.: () Munic.: _____				
Mailing Address: _____				
8. Delivered By:				
Name: DC Express Couriers Tel. No.: (973) 989-5000				
Mailing Address: _____				
9. Health Officer:				
Name: Ann Marie Ruiz Fax No.: (856) 935-8483				
Mailing Address: 110 Fifth St Suite 400 Salem, NJ 08079				
10. Attending Veterinarian (If applicable):				
Name: _____ Tel. No.: ()				
Mailing Address: _____				
11. Animal Control Officer (If applicable):				
Name: _____ Tel. No.: ()				
Mailing Address: _____				

SECTION II - HUMAN EXPOSURE INFORMATION

12. Were any people bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> No	
13. County/Municipality Where Exposure Occurred	14. Date of Exposure
15. Persons Bitten By or Exposed To Animal	
Name: _____ Tel. No.: () Munic.: _____	
Mailing Address: _____	
16. How did the exposure to this animal occur?	17. Has emergency rabies treatment of the exposed person been started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION III - ANIMAL EXPOSURE INFORMATION

18. Were any other animals bitten or exposed to this animal? <input type="checkbox"/> Yes-Bitten <input type="checkbox"/> Yes-Exposed <input type="checkbox"/> No	19. Type of Animal Exposed	20. Date Animal Exposed
21. Has exposed animal been vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. How did the exposure occur?	
23. Owner of Animal Exposed:		
Name: _____ Tel. No.: () Munic.: _____		
Mailing Address: _____		