

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: 24/7 Enterprises LLC Tel. No.: (908) 232-7223 | | | | |
| Mailing Address: _____ | | | | |
| 9. Health Officer: | | | | |
| Name: _____ 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: _____ | | |