



RABIES REQUISITION FORM

Submitted to Delaware Public Health by:

(Check all that apply)

DE Animal Services

DDA

Individual - _____

(Name)

Phone Number

Veterinarian - _____

(Name)

Phone Number

For Lab Use Only

Victim Information

Exposure Victim: Human Pet - Type: _____ Livestock - Type: _____

First Victim Name: _____

(If victim is an animal, list owners name)

Daytime Phone Number

Address: _____

Street

City

State

Zip

County

Exposure Victim: Human Pet - Type: _____ Livestock - Type: _____

Second Victim Name: _____

(If victim is an animal, list owners name)

Daytime Phone Number

Address: _____

Street

City

State

Zip

County

Bite Site: _____

Scratch Site: _____

Medical Care Administered: No Yes By Whom? _____

Where? _____

Other Reasons for Testing: Sick Trapped Surveillance

Circumstances of Exposure (please be specific): _____

Submitted Animal Information

Animal Species: Dog Cat Raccoon Bat Skunk Fox

Other – List species _____

Rabies Vaccination Yes No Expired N/A Unknown

Animal Demise: Euthanized Died Killed

FOR LABORATORY USE ONLY

FA Results Positive Negative Test Not Done

REMARKS: _____

Technician: _____ Date: _____ Time: _____

IMPORTANT: KEEP ANIMAL HEAD REFRIGERATED – DO NOT FREEZE!!!