



Arkansas Veterinary Diagnostic Laboratory
 1 Natural Resources Dr. Little Rock, AR 72205
 Phone: 501-823-1730 Fax: 501-907-2410
 www.agriculture.arkansas.gov

VDL Case Number:

Rabies Submission Form

Submitted Animal Information
<p>The animal was: <input type="checkbox"/> Pet/Owner <input type="checkbox"/> Stray/Unowned <input type="checkbox"/> Wild <input type="checkbox"/> Unknown</p> <p>Date animal died: _____</p> <p>How did the animal die? <input type="checkbox"/> Found dead <input type="checkbox"/> Natural Causes <input type="checkbox"/> Killed <input type="checkbox"/> Euthanized</p> <p>Was the animal symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p style="margin-left: 40px;">If yes, which symptoms did the animal exhibit? Mark all that apply:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Unusual Aggression <input type="checkbox"/> Choking <input type="checkbox"/> Slobbering</p> <p style="margin-left: 40px;"><input type="checkbox"/> Sagging Jaw <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Straining <input type="checkbox"/> Wandering from Home</p> <p style="margin-left: 40px;"><input type="checkbox"/> Restlessness & Excitability <input type="checkbox"/> Paralysis <input type="checkbox"/> Seizures</p> <p style="margin-left: 40px;">Other: _____</p> <p>Was the animal being held for rabies observation at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What was the vaccination status of the animal?</p> <p><input type="checkbox"/> Vaccinated/Current <input type="checkbox"/> Vaccinated/Not Current <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown</p>

Exposure Information
<p>Exposures include:</p> <ul style="list-style-type: none"> -Bites (any penetration of the skin by teeth). -Scratches that broke the skin. -Saliva or neural tissue contacting open wounds, break in the skin, or mucus membranes such as the eyes, nose, or mouth. <p>Were any humans or domestic animals exposed to the suspected animal?</p> <p style="margin-left: 40px;"><input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Unknown <input type="checkbox"/> No</p> <p>If yes:</p> <p>How many humans were exposed? _____</p> <p>How many domestic animals were exposed? _____</p>

Exposed Human Information

Same person as submitted animal owner.

If different person:

Name: _____

Address: _____

City: _____ State: _____ Zip _____ County _____

Phone Number: (_____) _____

Type of Exposure:

Bites (any penetration of the skin by teeth).

Scratches that broke the skin.

Saliva or neural tissue contacting open wounds, break in the skin.

Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.

Has the exposed person received post exposure rabies treatment?

Yes No Unknown

Exposed Animal Information

Species of animal exposed: _____

Exposed animal owner:

Same owner as submitted animal owner.

If different owner:

Name: _____

Address: _____

City: _____ State: _____ Zip _____ County _____

Phone Number: (_____) _____