

RABIES ACCESSION FORM

UKVDL Employee Initials _____

Rabies and Necropsy _____ Rabies Test Only _____

Vet Clinic

Clinic: _____ Veterinarian: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

Owner/Party Exposed: Preferences: (Must be an individual's name) Owner if known, or Individual exposed

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

Health Department

Submitting County Health Department: _____ County of Incident _____

Phone (_____) _____ City: _____ State: _____ Zip _____

Incident Information

Animal Information: Animal ID _____ Species _____ Breed _____ Sex _____ Age _____ Color _____

Owned Strayed Vaccinated? Yes, Date: _____ No Symptoms suggestive of rabies? Yes No

Animal: Killed Died Date: ____/____/____

Reason for Request:

Individual bitten? Yes, Name: _____ Area of injury: _____

Individual: Scratched Licked Touched

Other human exposure (specify): _____

Animal Exposure? Yes, Describe _____

UK Veterinary Diagnostic Laboratory is not responsible for the Rabies Specimen held at the laboratory for transport to the Kentucky Public Health Laboratory. This specimen will go with the next available courier service to Frankfort.

Signature of Submitter: _____ Date: _____

Lab Use Only

Necropsy specimen type:

Whole head Whole carcass Whole Brain Partial Brain Submitted in original un-opened packaging

Other: _____ Initials: _____ Date: _____

DS Receiving:

Placed in shipping container by: Initials: _____ Date: _____