

1490 Bull Lea Rd Lexington, KY 40511

Phone: (859) 257-8283

Rabies Accession Form

UKVDL Employee Initials _____

Rabies and Necropsy _____ Rabies Test Only _____

Vet Clinic

Name: _____ Date _____

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: 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): _____

_____ # of Animals exposed _____ No known exposure

_____ Wildlife Survey (County _____)

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

Confirmatory: POSITIVE NEGATIVE Date: _____ Time: _____

Unsatisfactory Specimen? Yes, specify: _____

Results: Date Reported ____/____/____ Time: _____ By: _____

Necropsy: Brain removed by: _____ Packaged by: _____