



RABIES ACCESSION FORM

UKVDL Employee Initials _____

Please check one: Rabies & Necropsy _____ Rabies Test Only _____ (No other tests performed)

Cremation (additional fee): Yes _____ No _____ (Crematorium name): _____

Vet Clinic: _____ **Veterinarian:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ Email: _____

Owner/Party Exposed (must be an individual's name): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ Email: _____

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 exposed? ☐ Yes, Name: _____ Area of injury: _____

Exposure type: ☐ Bite ☐ Licked ☐ Scratched ☐ Touched ☐ Found in Resident/Business

Other human exposure (specify): _____

Animal Exposure? ☐ Yes, Describe: _____

Specimens submitted will become the property of UKVDL and will not leave the laboratory except for contract disposal or pre-arranged cremation. 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: _____