

RABIES LABORATORY SUBMISSION FORM

Kind of Animal: _____

Loudoun County Health Dept

Phone: 703 - 777 - 0234

LCHD ID Number: _____

Fax: 703 - 771 - 5023

Submitted By: _____
Facility Name

Date collected: _____

Case #: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Vet: _____

Phone Number: _____

Human Exposure: Were humans exposed to the animal submitted? YES NO Possible

Type of exposure (bite, scratch, contact with saliva, etc.): _____

Number of humans exposed: _____ Dates of exposure: _____

Name & address of person(s) exposed:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Phone #: _____

SUBMISSION INFORMATION: Pet Farm Animal Stray Wild

Description of animal (species, breed, sex, color, age, size): _____

Current rabies vaccination: YES Exp date: _____ NO Not applicable

Original location animal found : _____
(i.e.-owner's property, or physical location if not owner/submitter's address)

Were domestic animals exposed to the submitted animal? YES NO POSSIBLE

If YES/Possible, type of animal exposed, describe incident, incl date of exposure: _____

Name of Owner: _____ Tel #: _____
(If sample is pet/farm animal or had contact with submitted animal)

Address of Owner: _____ City: _____ ZIP: _____

To Report Rabies Samples Loudoun County Health Department:

1. FAX the Report to 703 - 771 - 5023

2. If there are any questions after 5pm or on Weekends/Holidays, Please Call 571 - 237 - 5091

Domestic pets: Head should be removed prior to pick up if at all possible.