RABIES LABORATORY SUBMISSION FORM

Kind of Animal: __________________________

LCHD ID Number: _______________________

Submitted By: __________________________ Facility Name

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: ____________________________


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 #: ____________________________

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.