



Laboratory Use Only:

Lab Number

Date & Time

**SUBMITTING AGENCY OR VETERINARIAN TO COMPLETE THIS SECTION**

**Submitting Agency/Veterinary Clinic:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
AC Officer/Vet Name \_\_\_\_\_

**Exposure/Incident Information:**

Date \_\_\_\_\_  
Address/location \_\_\_\_\_  
\_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_  
Property:  Private  Public  
Date Reported \_\_\_\_\_  
Date & Time Picked Up by AC Agency \_\_\_\_\_  
\_\_\_\_\_

**Reason for Testing:**

Exposure:  Yes  No  Unknown/Possible  
Victim:  Person  Animal/Pet  
Type of Exposure:  
 Bite Location of Wound(s) \_\_\_\_\_  
\_\_\_\_\_  
 Other/Explain \_\_\_\_\_  
\_\_\_\_\_  
Exposed Pet's Vaccination Status: \_\_\_\_\_  
Exposed Person(s) or Exposed Pet's Owner:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Alt. # \_\_\_\_\_  
Alt. Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**Information on Animal being Tested:**

Cat:  Domestic  Feral  
 Dog:  Domestic  Stray  
 Bat  Skunk  Other  
MS#/Ref# \_\_\_\_\_  
 Sick  neurologic  other  
Describe \_\_\_\_\_  
Date Deceased \_\_\_\_\_  
 died  euthanized  killed

Vaccinated:  Yes  No  Unknown  N/A  
Expiration Date \_\_\_\_\_  
Owner of Animal/Reporting Party:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
Alt. Phone # \_\_\_\_\_

**VECTOR OR ANIMAL CONTROL OFFICER TO COMPLETE THIS SECTION**

**Animal/Head Delivered to Lab by:**

AC Vector Control Services  
 Berkeley Animal Care Services  
 Piedmont Animal Control  
 Other \_\_\_\_\_  
Officer's Name \_\_\_\_\_  
Phone# \_\_\_\_\_  
Date picked up \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

**Bill to:**

AC Vector Control Services  
 Berkeley Animal Care Services  
 Fremont Animal Shelter  
 Oakland Animal Services  
 Other \_\_\_\_\_

**Return Report to:**

AC Vector Control Services  
 Submitting Agency/ Veterinary Clinic  
 Other \_\_\_\_\_