

Alameda Co. Public Health Laboratory
2901 Peralta Oaks Ct., 2nd Floor
Oakland, CA 94605
 Kristina Hsleh, Ph.D. HCLD (ABB), Director
 Phone (510) 382-4300 Fax (510) 382-4333



<i>Laboratory Use Only:</i>	
_____	_____
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 _____

 Date Reported _____
 Date Picked Up by AC Agency _____

Reason for Testing:

Exposure: Yes No Unknown/Possible
 Exposed: Person Animal/Pet
 Type of Exposure:
 Bite Location of Wound(s) _____

 Other/Explain _____

Exposed Person 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 _____