



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 _____