

Pet Exposure Rabies Form
(Print or type carefully)

Note: This form is only for pet animals that have been potentially exposed to rabies and approved for testing by the Office of Public Health, Louisiana Department of Health. Tests that involve human victims require a different submission form.

Date of exposure: _____

<p>OPH Approval Obtained Yes <input type="checkbox"/> No <input type="checkbox"/> Approved by _____</p>

Animal species submitted for testing: _____

List each animal potentially exposed to rabies (Not the animal tested):

Species	Pet name/ID/Breed	Proof of current rabies immunization
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Owner of pet(s) potentially exposed to rabies:

Name: _____ Owner's Phone: _____

Parish where incident occurred:	Describe circumstances of the exposure:

Submitter (required):	
Name:	
Organization or Clinic Name:	
Telephone:	Email address:

Person(s) to whom to report results:	Same as submitter
<input type="checkbox"/> Other	
Name:	
Telephone:	Email address: