



Health and Environmental Testing Lab
47 Independence Drive, Station 12
Augusta, ME 04333
Tele: 207-287-1706 Fax: 207-287-8925
After hours: 1-800-821-5821

Laboratory Use:
Lab #: _____ Date: _____
Time Rec'd: _____ Entered by: _____

Rabies Submission Form

COMPLETE ALL SECTIONS

Submission form completed by: Name: _____ Phone #: _____
Do you want a phone call and/or email with the test results? Call Email Neither Email address: _____

Section 1: Submitter Information

Send Report To/ Submitter: _____ Phone #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Do you want a phone call and/or email with the test results? Call Email Email address: _____

Section 2: Rabies Suspect Information

<p>Animal to be tested:</p> <p><input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Cat <input type="checkbox"/> Skunk <input type="checkbox"/> Dog <input type="checkbox"/> Fox <input type="checkbox"/> Other _____</p>	<p>The animal was: <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Owned If Owned, Rabies Vaccination Status: <input type="checkbox"/> Current <input type="checkbox"/> Not Current <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown Owner's Name: _____</p>
<p>Livestock Use Only:</p> <p>Age: _____ Gender: _____ Breed: _____</p>	<p>The animal: <input type="checkbox"/> Died on its own <input type="checkbox"/> Euthanized <input type="checkbox"/> Alive <input type="checkbox"/> Unknown</p> <p>Animal Symptoms: <input type="checkbox"/> Aggression <input type="checkbox"/> Paralysis <input type="checkbox"/> Seizures <input type="checkbox"/> Disorientation <input type="checkbox"/> Ataxia (falling over) <input type="checkbox"/> Drooling <input type="checkbox"/> Lethargy <input type="checkbox"/> None</p> <p>Animal was from: Town: _____ County: _____</p>

Section 3: Exposure Information

	Name, Address and Phone Number (Human exposed or owner of animal exposed)	Date of Exposure	Type of Exposure
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown
Animal <input type="checkbox"/> Human <input type="checkbox"/>			<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Handling <input type="checkbox"/> Unknown

Exposure Details: _____

FOR HETL USE ONLY

FA Result: _____ Reported by: _____ Date: _____
Results Called to: _____ Time: _____ Tech: _____