



**ANIMAL DISEASE PREVENTION  
6230 EAST MOLLOY RD  
EAST SYRACUSE NY 13057  
(315) 435-3165 (315) 435-1651 (fax)**



**RABIES SPECIMEN HISTORY FORM**

**Please PRINT clearly: (Note: If a question doesn't apply to situation, please fill in the blank with "N/A"). PLEASE BE SURE TO INCLUDE NAME, ADDRESS, AND PHONE NUMBER WHERE APPROPRIATE.**

**SPECIES:** \_\_\_\_\_ **Date/time brought in:** \_\_\_\_\_

**Specimen submitted by:**  
\_\_\_\_\_

**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Did animal die on its own?** \_\_\_\_\_ **If so, when?** \_\_\_\_\_

**Was the animal killed?** \_\_\_\_\_ **If so, how?** \_\_\_\_\_ **When?** \_\_\_\_\_

**Did the specimen have current vaccination for rabies?** \_\_\_\_\_

**Was the animal sick or acting strangely?** \_\_\_\_\_ **If yes, please describe.** \_\_\_\_\_

**Was any PERSON BITTEN by this animal?** \_\_\_\_\_ **Where on body?** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip code** \_\_\_\_\_ **Township** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Was any PERSON in CONTACT with animal?** \_\_\_\_\_ **Form of contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip code** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**Was this animal in contact with a Pet or Domestic animal? Dog:** \_\_\_\_\_ **Cat:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip code** \_\_\_\_\_ **Township:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_

**WAS THE PET OR DOMESTIC ANIMAL CURRENTLY VACCINATED AGAINST RABIES?** \_\_\_\_\_ **DATE:** \_\_\_\_\_