



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM
 TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375
publichealth.lacounty.gov/vet



BITE REPORTING FORM - VETERINARY CLINICS

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten
How bite occurred (explain)			
Date Treated	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by	Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)
Animal vaccinated for rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last vaccinated:	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal euthanized? <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	Reason euthanized: <input type="checkbox"/> Injured <input type="checkbox"/> Sick <input type="checkbox"/> other Please explain:		Specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
CLINIC			
Clinic Information			Contact person
Name:			
Address (include number, street, city, state and zip)			Phone Number
Remarks			
Clinic Taking Report:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials



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**DOMESTIC ANIMAL VS. WILD MAMMAL
INCIDENT REPORT FORM**

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name		Owner first name	Owner address. Number and street		City and zip code
Owner area code & phone		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed	Sex	Age
Date bitten	Time bitten	Reported by		Reporter area code & phone number	
Address where bitten.		Number and street		City and zip code	Type of injury to domestic animal
Animal vaccinated prior to contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date vaccinated prior to contact with wildlife:		Animal vaccinated after coming into contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date vaccinated after coming into contact with wildlife:	
Domestic animal impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Shelter		Impound #	Was animal euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was animal taken to vet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Veterinarian Hospital		Address, city and zip		
Current location of animal: <input type="checkbox"/> Home address	<input type="checkbox"/> Veterinary clinic listed above		<input type="checkbox"/> Other _____		
WILD LIFE INFORMATION (animals other than dog or cat)					
Type of wild animal <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other (explain)			Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died		
Wild animal specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Location of wild animal specimen (clinic or shelter)		Date euthanized	Time
Veterinary Clinic or Animal Control Agency taking report:			Impound# of wild animal (if applicable)		
Comments:					
Report by:		Date taken:		Initials Faxed by:	Date:



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BAT SUBMISSION FORM

INSTRUCTION:

- > All bats submitted to animal shelters must be reported to the Health Department immediately.
> Please FAX all information to (213) 481-2375
> Fill out as much information as possible.
> DO NOT DECAPITATE specimen.
> DO NOT FREEZE specimen.

1. Bat Impound # _____ Date _____

Shelter _____ ACO _____

Phone Number _____

2. Name of person who captured bat _____

3. Name of owner/business where bat was found _____

4. Address (where found) _____

Phone Number of premise _____

5. Capture location of bat [] Home [] Garage [] Business [] Outdoors [] Other _____

Time of capture or pickup _____

6. Method used to capture bat _____

1. State of bat when captured (check one) [] Live or [] Dead

2. Did any people or animals have any physical contact with bat? [] Yes [] No

If so, explain: _____

Names: _____ Addresses: _____ Phone: _____



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

Phone: (213) 989-7060 or (877) 747-2243

Fax (213) 481-2375 or (213) 482-2588



PROCEDURE for SPECIMEN SUBMISSION for RABIES TESTING

Specimens should be kept refrigerated. **DO NOT FREEZE!** Freezing damages the tissue and makes testing difficult. Only properly prepared specimens will be collected for testing.

1. Complete a Bite Report Form. If no person was bitten, write "None" in the "Person Bitten" section.
2. Spray the animal's body with flea spray to kill any fleas or ticks.
3. Sever the head from the body for all animals, except bats. Submit only the head for testing.
4. Wrap the specimen (animal's head) in newspaper or other absorbent paper, and then place the wrapped specimen in a plastic, leak proof bag. Place the specimen in a second plastic bag to prevent any leakage.
5. Place the double bagged specimen into an insulated outer container (eg. box with ice pack). Add packing material to box, if needed to fill up the interior.
6. Place a copy of a completed Bite Report Form on the outside of the container. If the animal did not bite a person, note in the Remarks area why the animal is being submitted for rabies testing (eg. Symptoms compatible with rabies).
7. After the specimen is prepared, fax a copy of the completed Bite Report Form to Veterinary Public Health at (213) 481-2375 or (213) 482-2588 and then call our office (213) 989-7060 to request transportation of the specimen to the Public Health Laboratory for testing.
8. Our office will need your clinic/shelter name, address, phone and fax number to ensure proper specimen collection and reporting of results.
9. Contact our office if you have any questions about the required procedures for submitting rabies specimens.