ARKANSAS DEPARTMENT OF HEALTH
Public Health Laboratory
Rabies Examination Form

Submitter's Information

Agency _____
Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

Owner's Information

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

Person Bitten by this Animal

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

Animal Bitten by this Submitted Animal

Kind of Animal _____ Owner _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

INFORMATION ON SUBMITTED ANIMAL

Specify Kind of Animal

- ☐ Dog
- ☐ Cat
- ☐ Cow
- ☐ Bat
- ☐ Other (Specify) _____
- ☐ Skunk (Circle) Striped Spotted Not Sure
- ☐ Fox (Circle) Red Gray Not Sure

Location Submitted Animal Found ☐ At Owner's Home

Address _____ County _____
City _____ State _____ Zip _____
Date Animal Died __/__/_____

☐ Natural Death ☐ Killed ☐ Unknown

Was Submitted Animal Bitten by Another Animal?

☐ Yes, When? ___/__/_____ ☐ No ☐ Unknown

Was Submitted Animal Vaccinated Against Rabies?

☐ Yes, When? ___/__/_____ ☐ No ☐ Unknown

Information about the veterinarian who observed the animal Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Noted Symptoms:

- ☐ Slobbering
- ☐ Difficulty in Swallowing
- ☐ Restlessness & Excitability
- ☐ Sagging Jaw
- ☐ Paralysis
- ☐ Unusual Viciousness
- ☐ Change in Voice
- ☐ Unable to Close Mouth
- ☐ Other (Specify) _____ _____

LABORATORY USE ONLY
(Do not write in this section)

Microscopic Exam of Brain Material for Rabies was: ☐Negative ☐Positive ☐Unsatisfactory _____

Specimen Number _____ Date / Time Received ____/____/____ ____:____ Test Completed on ____/____/____

Ship via _____ Analyst _____ Results Reported to _____ on ____/____/____

HL-12 (R 2/09)