

Name of Animal:		
Laboratory Specimens Collected (circle appropriate info): blood brain other:		
Date Specimens Collected: _____	Lab to which specimen(s) sent: _____	

VACCINATION HISTORY

Is animal vaccinated (please circle one): Yes No Unknown		
Vaccination:	Date of Vaccination:	Vaccination Given by: (circle appropriate info)
EWT		vet owner other:
Rabies		vet owner other:
Rhino		vet owner other:
EPM		vet owner other:
BOT		vet owner other:
Other:		vet owner other:
WNV	Date of Initial Vaccination:	vet owner other:
WNV	Date of 2nd dose of initial series:	vet owner other:
WNV	Date of Booster:	vet owner other:
Brand Name of WNV Product Used:		

Circle appropriate answers:

Does the animal have any possible bite wounds? Yes No

Have humans been bitten or exposed to saliva? Yes No

If yes, how many people were exposed? _____

Is the animal isolated from other animals? Yes No

Has a local health department been notified? Yes No

If yes, what county? _____

Are there other animals at this location? Yes No

If yes, please list species and number of each species: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____

Are any of the other animals sick? Yes No

If yes, please list species and number sick: Species: _____ Number: _____

Species: _____ Number: _____ Species: _____ Number: _____