



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Health and Environmental Testing Lab
221 State Street, 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 with the test results? Yes No

Section 1: Submitter Information

Send Report To/ Submitter: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Section 2: Rabies Suspect Information

Animal to be tested:

- Bat Raccoon
 Cat Skunk
 Dog Fox
 Other _____

The animal was: Stray Wild Unknown Owned

If Owned, Rabies Vaccination Status: Current Not Current Unvaccinated Unknown

Owner's Name: _____

The animal: Died on its own Euthanized Unknown

Livestock Use Only:

Age: _____

Gender: _____

Breed: _____

Animal Symptoms: Aggression Paralysis Seizures Disorientation
 Ataxia (falling over) Drooling Lethargy None

Animal was from: Town: _____

County: _____

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: _____