NOTICE TO MUNICIPAL ANIMAL INSPECTOR OF POSSIBLE EXPOSURE TO RABIES

Date of Notice:	Date of Exposure:	Species:
Report the following incidents	s to the Municipal Animal Inspector f	or the town where the animal resides:
wound of unknown origi	n.	the rabies virus by direct contact, proximity or by a
2. The existence of a dome	stic animal that has bitten or scratch	ed another domestic animal or a human.
Animal should be quarantine	d due to (check appropriate category	<u>/</u>):
Direct contact with a	a confirmed rabid animal	
Direct contact with a	suspect rabid animal (raccoon, skur	nk, woodchuck or any carnivorous animal)
A wound of unknow	n origin, suspected to be caused by a	another animal (e.g. cat abscesses)
A proximity exposure	e to a confirmed rabid animal (confir	med by State Rabies Laboratory)
Domestic animal bitten or scratched by another domestic animal that has not been identified for quarantine		
Domestic animal which has bitten or scratched another domestic animal or a human		
Unvaccinated animals should	be vaccinated immediately.	
If the animal was euthanized	date euthanasia was performed:	
Owner's Name: Telephone Number:		
Complete Address:		
Animal Name:	Breed:	Color:
Date of Last Rabies Vaccination	on: Duration: [_	1 year] [3 Year] [Unknown]
Date of Booster Vaccination (given to current vaccinates only)	
Additional Information (Includ	ling name and contact information fo	or victim of bite/scratch by domestic animal):
Veterinarian:		Telephone Number:
Animal Inspector's Name:		Telephone Number:
		Fax Number:

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