Date of Notice: __________________  Date of Exposure:  __________________  Species: _________________________

Report the following incidents to the Municipal Animal Inspector for the town where the animal resides:

1. The existence of a domestic animal that has been exposed to the rabies virus by direct contact, proximity or by a wound of unknown origin.
2. The existence of a domestic animal that has bitten or scratched another domestic animal or a human.

Animal should be quarantined due to (check appropriate category):

- Direct contact with a confirmed rabid animal
- Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- A proximity exposure to a confirmed rabid animal (confirmed 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: ________________ Duration: [_____ 1 year]  [_____ 3 Year]  [_____ Unknown]
Date of Booster Vaccination (given to current vaccinates only) _________________________

Additional Information (Including name and contact information for victim of bite/scratch by domestic animal):

Veterinarian: _________________________________________________  Telephone Number: ____________________

Animal Inspector’s Name: ______________________________________  Telephone Number: ____________________
Fax Number: _________________________