**Rabies and Plague**

**Incident Report Form**

**Rabies Suspect**

Bat

Raccoon

Skunk

Other species\_\_\_\_\_\_\_\_\_\_\_

**Plague Suspect**

Prairie Dog

Squirrel

Other Species \_\_\_\_\_\_\_

Contact

Possible Contact

No Contact

Case #\_\_\_\_\_\_\_\_\_\_\_ Animal Number\_\_\_\_\_\_\_\_\_\_ Officer:\_\_\_\_\_\_\_\_\_ Transported to:\_\_\_\_LHS\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_ Address of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the suspect animal found **INSIDE** or **OUTSIDE**?

 **\*\*IF FOUND INSIDE A HOME\*\***

* Did you see the animal enter the home? Y N
* Could it have been in any rooms with sleeping people overnight? Y N

2. Residence Business Other\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Was the animal found in an area with unsupervised children or incapable adults? Y N

 If **YES** - Ages of Children/Adults \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

4. Was the animal found in an area with unsupervised pets? Y N

5. How many pets are in the house or area? \_\_\_\_\_\_\_\_\_

**Pet Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Type | Breed | Rabies Cert Yr & Number | Rabies Exp Date | Possible Contact(Y or N) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

6. Was the animal **DEAD** or **ALIVE** at the time of pickup?

Description of the Incident: (please describe how the animal was first noticed/found)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informant Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Phone #1 | Phone #2 | Address | Possible Contact (Y or N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |