

Forms

Alabama Rabies Testing Submission Form

RABIES TEST REPORT
Bureau of Clinical Laboratories
Alabama Department of Public Health

SUBMITTING INSTRUCTIONS

- 1. Please notify the laboratory Monday through Friday prior to shipping a specimen as to how and when the specimen is being sent. However, special arrangements must be made to perform tests on weekends and holidays. These tests must be requested by a medical doctor licensed to practice in the State of Alabama or the State Public Health Veterinarian (See Montgomery Number).

Laboratory Office Phone Birmingham (205) 933-1388 Mobile (251) 344-6049 Montgomery (334) 260-3400

- 2. Remove the head from the animal low enough to leave the salivary glands intact. DO NOT damage the brain.
3. Place the head in a water-tight container, such as a clean paint can, and seal tightly. Place the container in a larger water-tight container such as a styrofoam ice chest, and pack in enough wet ice or polar packs to last 24 hours. The shipper is responsible for making sure the package does not leak.
4. Complete the "Submitter's Information" section of the "Rabies Test Report Form", place in an envelope and attach to the outside of the box in a manner that will not allow form to become damaged. Label the outside package clearly as "Rabies Specimen".
5. Take or ship specimen immediately to the State Health Laboratory nearest you. (See back of form.) Specimens may be shipped by most commercial couriers. (Corporate Express, some bus lines, etc.) DO NOT send by U.S. mail.

Note: If you are unable to reach the laboratory in your area, call Montgomery (334) 260-3400. This number is answered 24 hours a day.

SUBMITTER'S INFORMATION

1. Kind of animal: Dog Cat Bat Skunk Fox Raccoon Opossum Other:

2. Identifying characteristics: Breed, color, markings, etc.

3. Date animal died Date specimen submitted Animal vaccinated? Yes No Unknown

4. Who was exposed: Human Unknown Animal Type of exposure: Bite Handling Scratch Saliva

Name of party exposed: Phone:

5. Where incident occurred: City County Zip Code

6. RESPONSIBLE PARTY FOR LAB TO CONTACT (Weekend / Holiday requests must include a physician's name. (Positive rabies results are phoned to the name you list below as the submitter; please ensure that someone will be available to accept the test results.):

Submitter: Animal Control Individual Veterinarian Physician Other

Name: City: Phone:

7. Division Laboratory specimen submitted to: Birmingham Mobile Montgomery

8. Send report to: (Fill out completely)

Name: Phone:

Address:

City AL Zip Code

ADPH-BCL-264/REV 02/06

NASPHV Form 51

RABIES VACCINATION CERTIFICATE
 NASPHV FORM 51 (revised 2007)

Owner's Name & Address Print Clearly LAST FIRST M.I.				RABIES TAG #	
				MICROCHIP #	
NO. STREET CITY STATE ZIP				TELEPHONE #	
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> _____ <small>(specify)</small>	AGE _____ Months <input type="checkbox"/> _____ Years <input type="checkbox"/> SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED _____ ANIMAL NAME _____	PREDOMINANT COLORS/MARKINGS _____ _____	
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____					
DATE VACCINATED _____ Month / Day / Year	Product Name: _____ Manufacturer: _____ (First 3 letters) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>		Veterinarian's Name: _____ License Number: _____		
NEXT VACCINATION DUE BY: _____ Month / Day / Year	<input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose Vaccine Serial (lot) Number _____		Veterinarian's Signature Address: _____ _____ _____		

Alabama Rabies Vaccination Certificate

ALABAMA STATE DEPARTMENT OF PUBLIC HEALTH THIS IS TO CERTIFY THAT:									
1.	Name _____	Species _____	Breed _____	Sex _____	Age _____	Color _____	Tag No. _____	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
2.	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
3.	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
4.	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> 1 yr	<input type="checkbox"/> 3 yr
HAS BEEN VACCINATED AGAINST RABIES ON _____ <small>Mo. Day Year</small>									
VACCINE MANUFACTURER _____ LOT NO. _____									
Owner's Name _____ Address _____ City _____ County _____ Zip _____									
TELEPHONE NO. _____								Signed: Rabies Inspector or Authorized Agent Deliver Original to Owner, one copy to County Health Department, File 3rd copy. ADPH-A-29-rev.08.09.ch	