



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-288-7060

Email to: vet@ph.lacounty.gov

publichealth.lacounty.gov/vet



COUNTY OF LOS ANGELES
Public Health

ANIMAL CONTROL AGENCIES

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN			
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)
Victim phone number		Reported by:	Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)	Body location bitten
How bite occurred (explain)			
Date Treated	Hospitalized <input type="checkbox"/> YES <input type="checkbox"/> NO	Treated by	Phone number
Type of treatment			
ANIMAL			
Owner Name (last and first)		Address (number, street city and zip)	
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)
Animal Impounded <input type="checkbox"/> YES <input type="checkbox"/> NO	Animal Shelter	Cage #	Impound #
Was animal taken to a clinic for treatment <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide clinic address in this space.	
Current Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Vaccinated	Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not verified	
Animal licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License number	Expiration date	City or county licensed in
Animal Died? <input type="checkbox"/> Yes <input type="checkbox"/> No	Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	If Euthanized, give reason:	
Specimen prepared and ready for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Remarks:			
Agency taking report:			
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials



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DOMESTIC ANIMAL vs. WILD MAMMAL INCIDENT REPORT FORM

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name		Owner first name		Owner address. Number and street City and zip code	
Owner area code & phone		Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat		Breed	Sex Age
Date bitten	Time bitten	Reported by			Reporter area code & phone number
Address where bitten. Number and street			City and zip code		Type of injury to domestic animal
Animal vaccinated prior to contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date vaccinated prior to contact with wildlife:		Animal vaccinated after coming into contact with wildlife? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date vaccinated after coming into contact with wildlife:
Domestic animal impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Animal Shelter		Impound #		Was animal euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was animal taken to vet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Veterinary Hospital		Address, city and zip		
Current location of animal: Home address Veterinary clinic listed above Other _____					
WILDLIFE INFORMATION (animals other than dog or cat)					
Type of wild animal <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other (explain)			Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died		
Wild animal specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Location of wild animal specimen (clinic or shelter)		Date euthanized	Time
Veterinary Clinic or Animal Control Agency taking report:				Impound# of wild animal (if applicable)	
Address of Veterinary Clinic or Animal Control Agency					
Comments:					
Submit a copy of the animal's rabies certificate(s), if available					
Report by:			Date taken:	Initials Faxed by:	Date:





**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
VETERINARY PUBLIC HEALTH PROGRAM**

313 N. Figueroa St, #1127, Los Angeles, CA 90012
Tel: (213) 288-7060 email: vet@ph.lacounty.gov
Hours: Monday - Friday 8am to 5pm
website: www.publichealth.lacounty.gov/vet



BAT SUBMISSION FORM

INSTRUCTIONS:

- All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible.
- DO NOT DECAPITATE bat specimen.
- Refrigerate bat after it is deceased. DO NOT FREEZE.

1. **Reporting Agency.** Shelter/Clinic Name _____

Phone _____ Date bat reported to Public Health _____

Staff member / ACO _____ Bat Impound # _____

2. **Person who found the bat.** Name _____ Phone _____

3. **When / where was the bat found?** Date bat found _____

Name of business (if applicable) _____

Address _____

Type of location where bat found (check one):

- Home Park Camp
 Business School Other: _____

4. **Details of bat encounter.** Describe how the bat was found, and where on the property _____

Was the bat found (check one) Indoors* or Outdoors?

Time of capture/pickup _____ Method used to capture bat _____

When captured, was the bat (check one) Alive** or Dead?

5. **Contact with bat.** Did any people or animals have potential physical contact with bat?
(check one) Yes* No Unknown

**List all persons and pets that had direct contact with the bat or that were indoors with the bat.*

Names:	Addresses:	Phone:

**List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)

Name(s): _____ Phone: _____

PREPARING A SPECIMEN FOR RABIES TESTING

Note: Healthy animals may not be euthanized during the quarantine period.

Specimens that are inappropriately packaged or missing the appropriate reporting form will be rejected from the Public Health Lab. It will be the responsibility of the veterinary clinic to pick up the specimen and resubmit it immediately.

STEP 1 Dogs/cats/wildlife must be decapitated, except bats

- Do not decapitate a bat! Submit it as a whole body.

STEP 2 Apply flea/tick spray to the specimen

STEP 3 Specimen must be wrapped in absorbent paper and double-bagged

- Only one specimen per bag (do not place more than one bat in a bag)
- The specimen and blood should not be visible through the bag
- Place into a box or an opaque container

STEP 4 Securely affix appropriate reporting form to the specimen container

- Impound cards or cage cards are not acceptable
- Do not leave paperwork resting on top or beneath a specimen

STEP 5 Place specimen into the fridge (do not freeze)

- Do not place specimens next to food/vaccines
- Check the fridge temperature to ensure that it is working (unrefrigerated/decomposed specimens may be untestable)

STEP 6 Email/fax the reporting form to VPH (Note ‘Pick up’ in the top corner)

STEP 7 Call VPH for pick-up

- If you notice a specimen in the fridge for a few days, please call again for pick-up
- **Phone – 213-288-7060**
- **Email – vet@ph.lacounty.gov**
- **Fax – 213-481-2375**

