



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Health and Environmental Testing Lab
221 State Street, Station 12
Augusta, ME 04333
Tele: 207-287-2727 Fax: 207-587-6832
After hours: 1-800-821-5821

RABIES SUBMISSION FORM

SEND REPORT TO: _____ **Home Tele:** _____

Mailing address: _____ **Work Tele:** _____

City: _____ **State:** _____ **Zip:** _____

ANIMAL TO BE TESTED: Bat Cat Dog Fox Raccoon Skunk
 Woodchuck Livestock species: _____ Other: _____

Animal was from **Town:** _____ **County:** _____

LIVESTOCK USE ONLY: Age (approx.): _____ **Gender:** _____ **Breed:** _____

EXPOSURE INFORMATION: Human Animal Both **EXPOSURE DATE:** _____

SPECIES OF ANIMAL EXPOSED: _____ **Vaccination status:** _____

Owner's Name: _____ **Home Tele:** _____

Mailing address: _____ **Work Tele:** _____

City: _____ **State:** _____ **Zip:** _____

Was the animal BITTEN yes [] no [] describe the exposure and the circumstance of exposure:

HUMAN EXPOSURE(name): _____ **Home Tele:** _____

Mailing/Physical address: _____ **Work Tele:** _____

City: _____ **State:** _____ **Zip:** _____

Was this person BITTEN yes [] no [] describe the exposure and the circumstance of exposure:

| | | | |
|---------------------------|--------------------|-------------|--------------------------|
| FOR HETL USE ONLY: | | | Lab #: _____ |
| FA Result: _____ | Reported by: _____ | Date: _____ | Date: _____ |
| Results Called To: _____ | Date: _____ | Time: _____ | Time Rec'd: _____ |
| | | Tech: _____ | Entered By: _____ |