



RABIES VECTOR SPECIES ACCEPTANCE INTERVIEW

PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. DATE: _____

TIME: _____

2. RSV SPECIES ACCEPTED: _____

NUMBER OF ANIMALS ACCEPTED AT THIS TIME:

	MALE	FEMALE
JUVENILE	_____	_____
ADULT	_____	_____

3. PERSON REQUESTING REHABILITATION:

NAME: _____ TELEPHONE (Home): (____) _____

TITLE: _____ TELEPHONE (Business): (____) _____

ADDRESS: _____

4. DETAILS OF CIRCUMSTANCE OF CAPTURE, COLLECTION, NEED FOR REHABILITATION:

5. EXACT LOCATION OF POINT OF CAPTURE OR FIRST ENCOUNTER WITH THIS ANIMAL:

TOWN OR CITY: _____ COUNTY: _____

STREET ADDRESS: _____ AND/OR

ROUTE OR ROAD AND DISTANCE TO NEAREST INTERSECTION: _____

6. HAS THERE BEEN ANY POSSIBLE HUMAN OR DOMESTIC ANIMAL PHYSICAL CONTACT WITH THE RVS?

YES NO

(If YES, call the Local County Health Department Office).

GIVE DETAILS, INCLUDING NAMES, ADDRESS, AND TELEPHONE NUMBERS:

7. IS THE RVS EXHIBITING SIGNS OF CNS DISORDER OR SIGNS OF RABIES SUSPECT BEHAVIOR?

YES NO

(If YES, the animal must be immediately euthanized and call the Local County Health Department Office.)

DESCRIBE BEHAVIOR:

8. WAS HEALTH DEPARTMENT INFORMED? YES NO

NAME OF AGENCY

____/____/____
DATE

OFFICIALS NAME

TIME

9. WAS A VETERINARIAN CONSULTED? YES NO

VETERINARIAN NAME

(____)_____
TELEPHONE NUMBER

10. THIS FORM WAS COMPLETED BY:

REHABILITATOR'S PRINTED NAME

LICENSE NUMBER OR REHABILITATOR

REHABILITATOR'S SIGNATURE

____/____/____
DATE

TIME