Vermont Department of Health Laboratory Request for Rabies Examination



Mailing Address: PO Box 1125, Burlington, VT 05402-1125

Shipping and Drop Off Address: 359 South Park Drive, Colchester VT 05446 • (802) 338-4724 or (800) 660-9997 in VT only

NOTE: All rabies testing requests must be pre-approved by Infectious Disease Epidemiology

Check here if request has been approved by calling: (802) 863-7240 or 1-800-640-4374 (available 24/7)

Submitter Information (e.g. Game Warden, Veterinarian)								
Facility or Age						·		
Last Name:				First Name:				
Mailing Address:				City/Town:				
State:	Zip Code:	Telephone Number (D	Telephone Number (Day):			Telephone Number (Evening):		
Shipping Address (If Different from Mailing Address):								
Large Rabies Box Animal Kit (Indicate number needed):				Small Rabies Box Animal Kit (Indicate number needed):				
			I					
Complainant Information (e.g. Animal Owner)								
Last Name:				First Name:				
Address:								
City/Town:				State: Zip Code:				
Telephone Number (Day):				Telephone number (Evening):				
Reason for Te	est:							
Human E	Exposure *	Animal		Diagnostic		Surveillance		
Human Exposure Information								
Date of Exposure: Type of Exposure: Name of Person(s) Exposed:								
	Bite	rvous Tissue	ssue					
Telephone Number of Exposed (Day): Telephone Number of Exposed (Exposed (E								
Animal Information								
Animal Type: Age of Bovine (If Applicable): Animal/USDA ID Number:								
Date of Death: Town Captured/Found:				County Captured/Found: State Captured/Found:			State Captured/Found:	
Latitude (USD	atitude (USDA): Longitude (USDA):			Porcupine Quills Present? More than One Specimen in Box?				
	•	3 (□ NO	□ vee	□ NO	

Comments (additional comments may be written on the back of this document):

*Human Exposure is only when wet saliva or nervous tissue from a suspect animal is directly introduced into open wounds and/or mucous membranes (e.g. mouth, nose, eyes), or exposure to a bat where there is uncertainty of a bite.