

RABIES REPORT FORM

CCHD # 24-348

Obtained via NY FOIL by Judicial Watch, Inc.

Case Closed

SPCA/City:

Lab #

CAC INVOLVED with:

☐ 10 day check / ☐ Vacc Status Check

10-Day up on: Supr. Verified
Mid-check assigned to: N/A by:
Check done on: N/A by:
End of Confinement Health confirmed on: by:
P.E. notified on: by:

Recommended: Date: by:

Confirmed: Date: by:

Name(s):

Age/DOB:

Phone -

home/work/cell:

Phone -

home/work/cell:

Related to animal owner? ☐ Yes ☐ No

Parent/Guardian Name (if minor):

Address:

Site of Exposure (on body):

Type of Exposure:

☒ Bite

☐ Scratch

Bat found with:

☐ sleeping person ☐ child ☐ pet

Skin Broken?

☒ YES

☐ NO

Owner Name:

Address:

Phone

home/work/cell:

Phone -

home/work/cell:

Kind of Animal:

Breed:

Pet's Name:

Squirrel

Color:

Sex: M / F

Age:

Date of Occurrence

Place of Occurrence

Town

How Killed & Date

10/30/24

[Redacted]

[Redacted]

euthanized 10/30/24

Rabies

Date Given

Where Given

Expiration Date

Confirmed on: by:

Vaccination

Owner Notified of

Date:

Notified by (Initials):

☐ By phone

☐ In Person

10 day Confinement:

☐ Letter sent:

Type of Pet(s):

Breed:

Color:

Name(s):

Rabies

Date Given:

Where Given:

Expiration Date:

Current: ☐ Y ☐ N ☐ Unk

Vaccination(s):

Confirmed on: by:

Owner's name:

Address:

Phone - home/work/cell:

Phone - home/work/cell:

Details: Squirrel bit wildlife operator during seizure of squirrel and raccoon from illegal containment of wildlife by unlicensed home owner.

Reported by:

Received by:

Date Received:

☐ Animal pick-up requested on:

By:

☒ Animal decap requested on: 10/30/24

By:

Pick-up done by: ☐ City

Decap done by: ☒ City ☐ Other:

Animal Received in EHS on: 10/31/24

By:

Animal Submitted for testing: ☐ YES ☐ No

☒ In Refrigerator - time: 11:19 AM ☐ In Freezer - time:

Date shipped:

By:

RABIES TEST RESULTS

Date Rec'd:

By:

☐ POSITIVE

☐ Negative

☐ Un-testable

Owner / Victim Notification of Results

Person

Contacted:

Date:

By:

☐ PEP Authorized - Date:

Hospital:
☐ AOMC (737-4194)

Name of Hospital Employee Notified:

For:

By:

Date/Time:

By:

For Bats:

Is this a rental property? ☐ Yes ☐ No If yes, property owner's name: Phone:

Has landlord/owner been notified of the bat problem? ☐ Yes ☐ No Does the tenant want to file a complaint? ☐ Yes ☐ No

Send Bat Proofing brochure, date sent:

PERSON(S)
EXPOSED

RABIES SUSPECT
ANIMAL

PET(S)
EXPOSED

DISPOSITION