



**RABIES INFORMATION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF LABORATORY SERVICES – MICROBIOLOGY  
 2635 EAST MAIN AVE. PO BOX 5520  
 BISMARCK, ND 58502 Phone #: (701) 328-6272

For Laboratory Use

SFN 8742 (10-2007)

Date of Incident	Date Submitted	Type of Animal
Owner's Name		Telephone Number
Address		City, State, Zip Code
Veterinarian's Name		Telephone Number
Address		Submitting Organization Lab Code
City, State, Zip Code		Physician's Name
Name of Submitting Organization		Telephone Number
Address		City, State, Zip Code
Number of Persons Involved		Location of Bite

NAME OF PERSON INVOLVED	ADDRESS	AGE	SEX

**BEHAVIOR OF SUSPECT** (Check Appropriate Description)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Furious	<input type="checkbox"/> Dumb	<input type="checkbox"/> Sick	<input type="checkbox"/> Scenting (skunk)
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Blind	<input type="checkbox"/> Salivating	<input type="checkbox"/> Absence of Fear	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chasing	<input type="checkbox"/> Biting	<input type="checkbox"/> Scratching	<input type="checkbox"/> Unable to Eat or Drink	<input type="checkbox"/> Normal
<input type="checkbox"/> Hyper-friendly	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Staggering		

Give brief history of exposure incident:

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Signature of Person Who Filled Out Form