NOTICE TO MUNICIPAL ANIMAL INSPECTOR OF POSSIBLE EXPOSURE TO RABIES

Reporting Facility: _____ Date of Notice _____ Date of Exposure: _____

Reporter Name: _____ Telephone Number: _____

1.Report to the Municipal Animal Inspector in the town where the Biting Animal resides: (https://www.mass.gov/doc/municipal-animal-inspector-list)

The existence of a domestic animal that can be identified and has bitten or scratched another domestic animal or a human.

2.Report to the Municipal Animal Inspector in the town where the Victim Animal resides: (https://www.mass.gov/doc/municipal-animal-inspector-list)

The existence of a domestic animal that has been exposed to the rabies virus by direct contact, proximity or by a wound of unknown origin

Inspector's Town: _____ Name: _____ Faxed / Called Fax #_____ Telephone#_____

Animal should be quarantined due to (check appropriate category):

- ☐ Direct contact with a confirmed rabid animal.
- ☐ Direct contact with a suspect rabid animal (raccoon, skunk, woodchuck or any carnivorous animal)
- ☐ A wound of unknown origin, suspected to be caused by another animal (e.g. cat abscesses)
- ☐ A proximity exposure to a confirmed rabid animal (confirmed by State Rabies Laboratory)
- ☐ Domestic animal bitten or scratched by another domestic animal that has not been identified for quarantine.
- ☐ Domestic animal which has bitten or scratched another domestic animal or a human and can be identified.

Victim Animal (Vaccinate Immediately, except in cases as listed below)	Biting/ Scratching Animal (Do Not Vaccinate until Rabies Quarantine is Released)
1. Previously vaccinated within 30 Days 2. Biting/ Scratching animal is Domestic and Identified for Quarantine	☐ Unknown ☐ Wildlife Species: _____Town of Incident: _____
Owner / Caretaker Name: _____	☐ Owned Domestic Animal (Fill In Below) ☐ Stray Domestic Animal (Fill In Below)
Telephone Number: _____	Owner/ Caretaker Name: _____
Street Address: _____	Telephone Number: _____
City: _____ Zip: _____	Street Address: _____
Species:_____ Animal Name: _____	City: _____ Zip: _____
Breed: _____ Color: _____	Species:_____ Animal Name: _____
Date of Last Rabies Vaccination: _____ Attach Rabies Certificate	Breed: _____ Color: _____
Duration: [☐ 1 year] ☐ 3 Year] ☐ Unknown]	Date of Last Rabies Vaccination: _____ Attach Rabies Certificate
Date of Booster Vaccination _____ Attach Rabies Certificate	Duration: [☐ 1 year] ☐ 3 Year] ☐ Unknown]
Euthanized ☐ Date: _____ Rabies Testing ☐ Date:_____	Euthanized ☐ Date: _____ Rabies Testing ☐ Date:_____
☐ Victim has Client/ Patient Relationship with Reporter	☐ Biting/Scratching animal has Client/Patient Relationship with Reporter

☐ Human Victim (record below; name, address, phone number)

Additional Information:

Animal Questions or Concerns? Rabies Program Coordinator: 617-626-1810 (https://www.mass.gov/service-details/rabies-protocols-and-regulations)
Human Questions or Concerns? Division of Epidemiology: 617-983-6800 (https://www.mass.gov/rabies)