

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)

1. Previously vaccinated within 30 Days
 2. Biting/ Scratching animal is Domestic and Identified for Quarantine

Owner / Caretaker Name: _____

Telephone Number: _____

Street Address: _____

City: _____ Zip: _____

Species: _____ Animal Name: _____

Breed: _____ Color: _____

Date of Last Rabies Vaccination: _____ Attach Rabies Certificate

Duration: [__ 1 year] [__ 3 Year] [__ Unknown]

Date of Booster Vaccination _____ Attach Rabies Certificate

Euthanized ☐ Date: _____ Rabies Testing ☐ Date: _____

☐ Victim has Client/ Patient Relationship with Reporter

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

Biting/ Scratching Animal (Do Not Vaccinate until Rabies Quarantine is Released)

☐ Unknown

☐ Wildlife Species: _____ Town of Incident: _____

☐ Owned Domestic Animal (Fill In Below) ☐ Stray Domestic Animal (Fill In Below)

Owner/ Caretaker Name: _____

Telephone Number: _____

Street Address: _____

City: _____ Zip: _____

Species: _____ Animal Name: _____

Breed: _____ Color: _____

Date of Last Rabies Vaccination: _____ Attach Rabies Certificate

Duration: [__ 1 year] [__ 3 Year] [__ Unknown]

Euthanized ☐ Date: _____ Rabies Testing ☐ Date: _____

☐ Biting/Scratching animal has Client/Patient Relationship with Reporter

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>)