

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	<input type="checkbox"/> Unknown <input type="checkbox"/> Wildlife Species: _____ Town of Incident: _____
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	<input type="checkbox"/> Owned Domestic Animal (Fill In Below) <input type="checkbox"/> 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 <input type="checkbox"/> Date: _____ Rabies Testing <input type="checkbox"/> Date: _____	Euthanized <input type="checkbox"/> Date: _____ Rabies Testing <input type="checkbox"/> Date: _____
<input type="checkbox"/> Victim has Client/ Patient Relationship with Reporter <input type="checkbox"/> Human Victim (record below; name, address, phone number)	<input type="checkbox"/> 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>)