Wisconsin State Laboratory of Hygiene
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RABIES REQUISITION FORM (7/1/21) FORM 4110

1. Reason for Rabies Testing:

- ❑ Human Exposure (complete sections 2A, 3, 4, 5)
- ❑ Animal Exposure (complete sections 2B, 3, 4, 5)
- ❑ Other (complete sections 3, 4, 5)

Specify_____

2. Exposure Information (complete section 2A for human exposure, 2B for animal exposure)

2A. Person Exposed

Exposure Date ____/____/____ (If more than one person exposed, complete back of form)

Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Age _____ Sex _____

Phone # 1st (_____)_____ 2nd (____)_____

Physician (**Required, even if no medical treatment pursued.**)

Name _____

Clinic Name _____

Clinic Address _____

City/State/Zip _____

Physician Phone # (_____) _____

Type of Exposure:

- ❑ Bite ❑ Scratch
- ❑ Lick ❑ Unknown
- ❑ Other _____

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated_____
HRIG ❑ Yes ❑ No Date initiated_____

2B. Animal Exposed

Exposure Date ____/____/____ (If more than one animal exposed, complete back of form)

Species

Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unknown

Type of Exposure:

- ❑ Bite ❑ Scratch
- ❑ Ingestion ❑ Unknown
- ❑ Lick ❑ Other _____

Anatomical Site

Owner (of exposed animal) _____

Address _____

City/State/Zip _____

3, 4 & 5 Specimen Submission Information

3. Specimen Information

Number of animals submitted for testing: _____

Species_____ ❑ Domestic-Owned ❑ Domestic-Stray/Feral ❑ Wild ❑ Unknown

Age _____

Date of Death ____/____/____ ❑ Died/Found Dead ❑ Euthanized

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unknown

Date of last vaccination:___/___/___

Vaccine lot_____ Manufacturer_____

Animal vaccinated prior to last vaccine? ❑ Yes ❑ No

Animal Signs:

- ❑ Aggressive ❑ Ataxia ❑ Convulsion
- ❑ Depression ❑ Disorientation ❑ Frothing
- ❑ Howling/Bellowing ❑ Nausea ❑ Paralyzed
- ❑ Shallow Respiration ❑ Other_____

Owner (of submitted animal) _____

Address _____

City/State/Zip _____

Phone # (_____)_____

4. Veterinarian

Name _____

Address _____

Phone # (_____)_____

City/State/Zip _____

5. Local Health Department Jurisdiction

WSLH Use only

WHITE - RETURN TO WSLH
YELLOW - KEEP FOR YOUR RECORDS

Addition Human Exposure Information

2A. 2nd Person Exposed **Exposure Date** ____/____/____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Age _____ Sex _____

Phone # 1st (_____)_____ 2nd (____)_____

Physician (**Required, even if no medical treatment pursued.**)

Name _____

Clinic Name _____

City/State/Zip _____

Physician Phone # (_____) _____

Type of Exposure:

❑ Bite ❑ Scratch
❑ Lick ❑ Unknown
❑ Other _____

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated_____
HRIG ❑ Yes ❑ No Date initiated_____

2A. 3rd Person Exposed **Exposure Date** ____/____/____

Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Age _____ Sex _____

Phone # 1st (_____)_____ 2nd (____)_____

Physician (**Required, even if no medical treatment pursued.**)

Name _____

Clinic Name _____

City/State/Zip _____

Physician Phone # (_____) _____

Type of Exposure:

❑ Bite ❑ Scratch
❑ Lick ❑ Unknown
❑ Other _____

Anatomical Site

Post Exposure Treatment:

Vaccine ❑ Yes ❑ No Date initiated_____
HRIG ❑ Yes ❑ No Date initiated_____

Additional Animal Exposure Information

2B. 2nd Animal Exposed **Exposure Date** ___/___/___

Species Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unknown

Type of Exposure:

❑ Bite ❑ Scratch
❑ Ingestion ❑ Unknown
❑ Lick ❑ Other_____

Anatomical Site

Owner (of exposed animal) _____

Address _____

City/State/Zip _____

2B. 3rd Animal Exposed **Exposure Date** ___/___/___

Species Age

Rabies Vaccination Current? ❑ Yes ❑ No ❑ Unknown

Type of Exposure:

❑ Bite ❑ Scratch
❑ Ingestion ❑ Unknown
❑ Lick ❑ Other_____

Anatomical Site

Owner (of exposed animal) _____

Address _____

City/State/Zip _____