



County of Santa Clara

Public Health Department

Public Health Laboratory
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San Jose, California 95128
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ANIMAL SUBMISSION FORM FOR RABIES TESTING

Animal Head Submitted (check one):

- Bat Cat Dog Skunk Opossum
 Other _____

Submitting Agency ID: _____

Specimen Log #: _____

Date Collected: _____

Submitting Agency (delivering specimen to PHL):

- County of Santa Clara Animal Control
 Palo Alto Animal Control
 Peninsula Humane Society & SPCA (formally Wildlife Center of Silicon Valley)
 San Jose Animal Care Center
 Santa Clara County Vector Control
 Silicon Valley Animal Control Authority
 Sunnyvale Public Safety
 Other _____

Staff name: _____

Staff phone number: _____

Animal Picked Up by or Transported by
(check all that apply):

- County of Santa Clara Animal Control
 Palo Alto Animal Control
 Peninsula Humane Society & SPCA (formally Wildlife Center of Silicon Valley)
 San Jose Animal Care Center
 Santa Clara County Vector Control
 Silicon Valley Animal Control Authority
 Sunnyvale Public Safety
 Other _____

Staff name: _____

Staff phone number: _____

Return Report To:

- County of Santa Clara Animal Control
 Palo Alto Animal Control
 Peninsula Humane Society & SPCA (formally Wildlife Center of Silicon Valley)
 San Jose Animal Care Center
 Santa Clara County Vector Control
 Silicon Valley Animal Control Authority
 Sunnyvale Public Safety
 Other _____

Person Who Found the Animal (Community Member)

Name and phone number of person who found animal:

When/Where Was the Animal Found?

Date animal found:

Address where found:

Was the animal found (check one): Indoors or Outdoors?

Describe how the animal was found, and where on the property:

Details of the Animal Capture and Pickup

Date and time of capture:

Date and time of pickup:

When captured, was the animal (check one):

- Alive or Dead?

Contact with the Animal

Did any persons or pets have direct contact with the animal OR was anyone indoors with the animal?

- Yes No Unknown

If yes, please describe: