



**SOUTH DAKOTA
STATE UNIVERSITY**

**Animal Disease Research
and Diagnostic Laboratory**

RABIES DIAGNOSTIC REQUISITION

Submitter assumes responsibility for the COST of the test, which will not exceed \$100.00 unless otherwise determined

1155 North Campus Drive, Brookings, SD 57007
605-688-5172; E: sdsu.adrdl@sdstate.edu; www.sdstate.edu/vs/adrdl

Clinic/Agency _____			Contact _____
Address _____			Phone: _____
City _____	State _____	Zip _____	Fax: _____

Specimen History				
Species _____	Breed _____	Age (approx) _____	Color/Description _____	Gender _____
Animal Location:				
Town _____	County _____	Specific Location _____		
Submitted animal's vaccination status:	Current	Unvaccinated	Not Current	Unknown
Was the animal sick or acting strangely?	No	Yes		
Signs of Rabies:	Neurological disorder	Paralysis	Difficulty swallowing	Drooling Aggression
Sample Submitted:	Whole Body	Head Only	Whole Brain (unfixed)	
Date of Death: _____	Manner of Death:		Euthanized	Killed Found Dead
Date Submitted: _____				
Owner/Submitter name: _____			Phone: _____	
Address: _____				
City: _____		State: _____	ZIP: _____	

Exposure is defined as Bite or Scratch:				
Has the animal exposed any person?	No	Yes	Name: _____	Date: _____
Type of Exposure:	Bite	Scratch	Other (explain below)	
If other, please give details of incident: _____				
Was this animal in contact with a pet or domestic animal?	No	Yes	If yes, Date: _____	
If yes: Species: _____	Vaccination status:	Current	Unvaccinated	
		Not Current	Unknown	
If yes to any of the above:	Name/Owner: _____			
	Address: _____			
	Phone: _____			
If rabies is negative, do you want a complete necropsy ?	No	Yes		
Comments:				