



## VETERINARY PUBLIC HEALTH PROGRAM

# Bat Submission Form for Rabies Testing



Use this form to report bats being submitted to the Veterinary Public Health Program at the Los Angeles County Department of Public Health for rabies testing. For more information about rabies in Los Angeles County, visit our website: <http://publichealth.lacounty.gov/vet>.

**Bat Submission Instructions:**

- **All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible. Submit completed form to [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov) OR fax to (213) 481-2375.**
- **DO NOT DECAPITATE bat specimen.**
- **Refrigerate bat after it is deceased. DO NOT FREEZE.**

Date form completed: \_\_\_\_\_

<b>1. Reporting Agency:</b>			
Shelter/Clinic Name:			
Phone:		Date bat reported to Public Health:	
Staff member/ACO:		Bat Impound #:	
<b>2. Person Who Found the Bat</b>			
Name of Person Who Found Bat:		Phone:	
<b>3. When/Where Was the Bat Found?</b>			
Date bat found:		Name of business (if applicable):	
Street address where found:		City:	State: Zip code:
Type of location where bat found (check one): <input type="checkbox"/> Home <input type="checkbox"/> Park <input type="checkbox"/> Camp <input type="checkbox"/> Business <input type="checkbox"/> School <input type="checkbox"/> Other: _____			
<b>4. Details of the Bat Encounter</b>			
Describe how the bat was found, and where on the property:			
Was the bat found (check one): <input type="checkbox"/> <b>Indoors*</b> or <input type="checkbox"/> Outdoors			
Time of capture/pickup:		Method used to capture bat:	
When captured, was the bat (check one) <input type="checkbox"/> <b>Alive**</b> or <input type="checkbox"/> Dead?			
<b>5. Contact with the Bat</b>			
Did any people or animals have <i>potential</i> physical contact with bat? (check one) <input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> No <input type="checkbox"/> Unknown			

**\*List ALL persons and/or pets that had direct contact with the bat OR that were indoors with the bat.**

Name(s):	Addresses:	Phone:

**\*\*List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)**

Name(s):	Phone: