

DEACC or DESPCA case #, if applicable _____ DDA case # _____



Delaware Department of Agriculture (DDA)
Report of Animal Potentially Exposed to Rabies
DDA phone: 302-698-4630
DDA Fax: 302-697-4492

Owner's name: _____ Owner's phone #: _____

Physical address where animal lives:

Mailing address (if different from above): _____

Animal's name: _____ Age: _____ Sex: Male Female

Description: CAT DOG Breed: _____ Other _____

Markings: _____

Date of injury: _____ Describe injury (wound location, severity, puncture, scratch, etc.):

Circumstances of injury-what happened? _____

Rabies vaccination status: Current until _____ Expired on _____ Unknown
date date

Submitting office: (Name, address): _____

Phone #: _____

Veterinarian signature: _____

Printed name of veterinarian: _____

For currently vaccinated animals:

Animal was given a rabies booster on _____ (date), and owner was informed of 45-day quarantine requirement. Instructions have been given to owner for compliance with 45-day quarantine.

Owner's Signature: _____ Date: _____

For animals not current on rabies vaccination:

Owner has been informed of the **ONLY TWO OPTIONS** available: 6-month isolation quarantine or euthanasia. If owner chooses quarantine, it is effective **IMMEDIATELY**, and instructions have been given for compliance until details are received from the Department of Agriculture.

Owner's Signature: _____ Date: _____