

Vermont Department of Health Laboratory

USDA ID # _____
Lat N _____
Long W O _____

Shipping & Drop-Off Address
359 South Park Dr, Colchester, VT 05446
Mailing Address
P.O Box 1125
Burlington, VT 05402-1125
(802) 338-4724 or (800) 660-9997 (VT only)

Lab # _____
Date/Time Rec'd _____
Result: _____

Request for Rabies Examination

(Completed form, attached to exterior of shipping container, required for testing)

NOTE: All requests for rabies testing must receive prior approval from Epidemiology.
Check here if this request has been approved by Epidemiology at (802) 863-7240 or 1-800-640-4374.

Submitter Information: (e.g., Game Warden, Veterinarian)

Please indicate shipping address if different from mailing address.
We are **unable** to ship large orders to post offices boxes.

Name: _____

Street: _____

City, State, Zip: _____

Telephone:

Day: _____ Evening: _____

If submitter is in need, indicate number of rabies boxes needed:

Large Animal Kit Small Animal Kit

Specimen Information:

Type of Animal: _____

Town/County captured: _____

Date of death: _____

NOTE: VDHL will not accept live animals

Check here if more than 1 specimen is in this box.

Check here if porcupine quills are present on specimen

Complainant Information: (e.g., Animal owner)

Name: _____

Street: _____

City, State, Zip: _____

Telephone:

Day: _____ Evening: _____

Comments:

Reason for Testing:

Human Exposure

Date of Exposure: _____

Name(s) of Person(s) Exposed: _____

Telephone:

Day: _____ Evening: _____

Type of Exposure:

Bite

Contact with saliva or nervous tissue

Contact with pet or domestic animal

Veterinarian Diagnostic

Surveillance

Other: _____