

DE Animal Services (DAS) 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

Mailbox: Rabies.hotline@delaware.gov

Offending Animal Information

ONLY FOR COMPLETION IF OFFENDING ANIMAL IS A DOMESTIC ANIMAL WITH A KNOWN OWNER. OTHER SUBMISSIONS WILL BE DISCARDED.

Animal owner's name: _____ Phone #: _____

Physical address where animal lives:

Animal's name: _____ Age: _____ Sex: M MN F FS

Description: CAT DOG Breed: _____ Other _____

Markings: _____

Rabies vaccination status (if known):

☐ Current until _____ (verify with rabies certificate or medical record) ☐ No vaccination history
date

☐ Expired on _____ (verify with rabies certificate or medical record) ☐ Unknown
date

I attest that I am the owner of the exposed animal, that the above information is true to the best of my knowledge, and that this offending animal is alive and showing no clinical signs of rabies 10 days (_____) following the altercation with the exposed animal.
date

Exposed animal owner's name: _____

Exposed animal owner's signature: _____ Date: _____

For Internal Use

Quarantine release of exposed animal:

☐ Approved

☐ Denied (reason: _____)

Signature of Approving DDA Official: _____ Date: _____