

Republic of the Philippines
OFFICE OF THE CITY VETERINARIAN
DAVAO CITY ANIMAL RABIES DIAGNOSTIC LABORATORY
 113 A. Pichon St., Davao City

Amount paid: P 480.00

Laboratory Specimen No. _____

O.R. No. (DME): _____

O.R. No. (FAT): _____

O.R. No. (FREIGHT): _____

SPECIMEN SUBMISSION FORM

Owner: _____ Telephone No. _____ Date: _____

Address: _____

Sender: _____

Address: _____

A. ANIMAL PROFILE:

Residence of the animal for the last three (3) months: _____

Specie: _____ Breed: _____ Sex: _____ Age: _____

Type of Ownership: Household Pet of neighbor Stray

Pet Management: Confined Free

Cause of Death: a) Euthanasia : Date : _____

b) Found Dead : Date : _____

Due to b.1) Illness

b.2) Accident

b.3) Others _____

If sick, duration of illness, from _____ / ____ / _____ to _____ / ____ / _____

Behavioral Changes	Check	Other Sign of Illness	Check
None		None	
Restlessness		Diarrhea	
Apprehensive watchful look		Vomiting	
Unprovoked aggressiveness		Inappetence	
Aimless running		Jaundice	
Deprived Appetite		Skin lesions	
Drooling Saliva		Lethargy	
Paralysis		Nasal/ocular discharge	
Hindleg		Convulsion/seizures	
Jaw and Tongue		Others	

Vaccination: Rabies Date of Last Vaccination : _____

Others: _____ Date of Vaccination: _____

Contact with other animals: Yes No

If yes, where? Household Neighborhood Confined Free Stray

B. VICTIM PROFILE

Name: _____ Age: _____ Sex: _____

Address: _____

Date of Bite: _____ Time of Bite: _____ AM/PM

Site of Bite: Head Back Upper Extremity Lower Extremity

Bite Provoked: Yes No Explain: _____

Nature of Bite: a) Bad Moderate Severe

b) Single Multiple

Location of Bite: Household Neighborhood Others _____

Human Rabies Vaccinated: Yes No, If yes, what type? _____ Date Received: _____

Other Victims, if any,

1) Name: _____ Age: _____ Sex: _____

Date of Bite: _____

2) Name: _____ Age: _____ Sex: _____

Date of Bite: _____

3) Name: _____ Age: _____ Sex: _____

Date of Bite: _____

C. RESULT OF EXAMINATION:

DME: _____ FAT: _____

Remarks: _____

Confirmed by: _____

Examined by: _____

ESTHER CHERRIE G. RAYOS, DVM, MPA

Veterinarian

Interviewed By: Complete Name: _____