Animal Control
Lincoln-Lancaster County Health Department
3140 N Street, Lincoln, NE 68510
441-7900  TDD 441-7825
www.ci.lincoln.ne.us/city/health/animal/index.htm

Potential Rabies

Call # ___________________

☐ Bat  ☐ Skunk  ☐ Other _____________________________

Reported by: ______________________  Time/Date Rec. ___________________

☐ Victim  ☐ Hospital  ☐ Relative ______________________  ☐ Other

Human Contact
Victim Exposed: _______________________________  Sex: _____  Age: _____

Parents/Guardian: __________________________________________________

Address: _____________________________________ Zip: _______________

Home Phone: _____________________  Work Phone: _____________________

Pet Contact
☐ Dog  ☐ Cat  ☐ Other _______________________________

Pet Name: ___________________  Breed: ____________________  Sex: ______

Age: ________  Rabies Exp. Date: _______________  Vet: __________________

License No: _________________________    Renewal Date _______________

Nature of Exposure to Bat: (circle all that apply)
1. Bat found in a room with a child.
2. Adult awoke to find a bat in the room.
3. Bat was found in a room with a mentally impaired or intoxicated person.
4. Person encountered bat by chance.
5. Bat was known to have been brought into house by pet.
6. Bat was possibly brought into house by pet.
7. Pet was found playing with bat.

Date of Contact: _______________  Time: _______________  am  pm

Location of incident:
☐ Front Yard  ☐ Back Yard  ☐ Business
☐ Inside -- Location ______________________  ☐ Other

Review:
☐ Reviewed by Manager  ☐ Nursing  ☐ Victim Notified

Date Impounded by ACO: _______________  Time: _______________  am  pm

Date submitted to lab: _______________  Lab Results: _______________