

**ANIMAL RABIES SUSPECT FORM**

**CLARK COUNTY ANIMAL CONTROL**

4800 West Dewey Drive  
Las Vegas, NV 89118  
(702)455-7719

CONTROL CARD NO \_\_\_\_\_ OFFICER NO. \_\_\_\_\_

ANIMAL OWNER OR PERSON REPORTING: \_\_\_\_\_

ADDRESS OR LOCATION FOUND: \_\_\_\_\_

PHONE: \_\_\_\_\_ REASON FOR SHIPPING: \_\_\_\_\_

**ANIMAL INFORMATION**

BREED \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ COLOR \_\_\_\_\_

RABIES VACCINATION \_\_\_ NO \_\_\_ YES EXPIRATION DATE \_\_\_\_\_

TYPE OF VACCINE \_\_\_\_\_ MANUFACTURER \_\_\_\_\_

IDENTIFYING CHARACTERISTICS \_\_\_\_\_

**RABIES SUSPECT INFORMATION**

SPECIES \_\_\_\_\_ ANIMAL DESCRIPTION \_\_\_\_\_

DATE ANIMAL DIED/KILLED \_\_\_\_\_ DATE SENT TO LAB \_\_\_\_\_

RESULTS: POS \_\_\_\_\_ NEG \_\_\_\_\_ DATE OWNER/VET NOTIFIED \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

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