

(Note: all fields with * are required)

**Rabies Collection Data Sheet
USDA, APHIS, Wildlife Services
Rabies Sample Submission**

Sample Collection Site Name: _____

*Sample Collection Address (#street, city, zip): _____

*County: _____

Sample Collection Site Telephone No.: _____

*Latitude: _____ Longitude: _____

(Note: Please fill in either address **OR** Lat./Long. reading)
If using GPS Please use degree/decimal setting on unit.
Please call 330-726-3386 if you need assistance setting GPS default units.
(e.g. Lat N41.12345° Log W081.12345°)

Sample Information

*Date Sample Collected: _____ *Species Collected: _____

*Reason for testing (CHECK ONLY ONE)

(comments section is required if box below is marked)

- Human exposure Odd behavior/sick/wounded Found dead
- Pet/domestic animal exposure Nuisance/otherwise healthy Roadkill

Agency/Person Submitting Sample Information

Person Name: _____

*Agency/Company Name: _____

*Agency/Company Telephone #: _____

Comments/Symptoms/Circumstances: _____

MEDINA COUNTY HEALTH DIST
ENVIRONMENTAL DIVISION
4800 LEDGEWOOD DRIVE
P.O. BOX 1033
MEDINA, OHIO 44258

(Note: all fields with * are required)