



*Peace for Pets Home Euthanasia*

**Bite/Rabies Exposure Form**

California Law may require post-euthanasia rabies testing of an animal who has bitten a person or another animal within the past 10 days, or who has been exposed to rabies within the past 6 months.

**Pet Information:** Pet's Name \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Male Female Spayed/Neutered yes no Color \_\_\_\_\_

Date of last Rabies vaccine \_\_\_\_\_ 1yr 3yr

Hospital/clinic where vaccine was given \_\_\_\_\_ Clinic phone # \_\_\_\_\_

**Owner Information:** Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Person bitten by pet listed above** (use the back of this form if there is more than one person)

Name of person bitten \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date of bite \_\_\_\_\_ Name of doctor/hospital treating bite wound \_\_\_\_\_

Description of incident \_\_\_\_\_

**Name(s) of animal(s) bitten within the last 10 days, with name(s) and phone number(s) of owner(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Type of rabies exposure (or possible exposure)** \_\_\_\_\_

\_\_\_\_\_

I certify that I am the owner, or owner's authorized agent of the pet described above, and that I am over 18 years of age. I certify that the above is complete and accurate to the best of my knowledge. I agree that Dr. Ivey may contact appropriate Animal Control and/or Public Health Authorities regarding the bite incident(s) and/or rabies exposure, and undertake rabies testing as deemed necessary. I understand that my pet's remains cannot be returned.

Signed, \_\_\_\_\_

Owner/Authorized Agent

\_\_\_\_\_ Date

**If not required, I decline rabies testing for this pet**

Signed, \_\_\_\_\_

Owner/Authorized Agent

\_\_\_\_\_ Date