



DEPARTMENT OF VETERINARY SERVICES SARAWAK

RABIES ANIMAL INVESTIGATION & SUMMARY FORM



DATE OF INVESTIGATION (DD/MM/YY): _____ **DIVISION:** _____

Type of investigation: Field or in-Person Investigation Phone call Investigation

Case type: Human Exposure (Bite/scratch) Suspected rabid or sick animal Stray or free roaming animal complaint

Date of notification (DD/MM/YY): _____

Notification source: ANNEX 1 (GAJKNS-2/2017) PKB/Hospital (Ward/ Unit) /Clinic (please specify): _____

TALIKHIDMAT Local Authority/PBT Public Veterinarian Other (please specify): _____

Type of exposing animal: Dog Cat Other (please specify): _____

Movement of animal: Stray/Unknown Free roaming pet Indoor pet

Environment of animal: Chained Caged Fenced property With owner Community dog Unknown/Stray

License status (Dog): Unlicensed/Unknown Licensed (please specify which council & ID): _____

History of animal anti-rabies vaccination status: No Unknown Yes (DD/MM/YY): _____ Vet: _____

Animal status: Alive, healthy Alive, sick Dead (Killed by owner/victim/public) what date? _____

Dead (Natural/unknown cause) what date? _____ Not found/unknown

Sign of disease (can select more than 1): No sign of disease Aggression Biting Hypersalivation Paralysis Lethargy

Loss of appetite Other (please specify): _____

Is the animal owned? No Yes **Owner's Name:** _____

Owner's IC No: _____ **Tel no:** _____

Address of owner: Division: _____ District/Sub-district: _____ City/Town: _____

Village/Street/House No: _____

Did this animal bite others? How many? No Yes – Human # _____ Yes -Animal (please specify animal type) # _____

Did the victim(s) seek treatment? When, where & what treatment? No Yes: _____

DATE OF EXPOSURE (DD/MM/YY): _____ **For complaint cases**

VICTIM'S NAME(S): _____ **Reporter's Name:** _____

VICTIM'S IC NO: _____ **Reporter's Contact:** _____

VICTIM'S CONTACT: _____ **Reporter's Address:** _____

VICTIM'S ADDRESS: _____

Circumstances of exposure: Provoked Unprovoked Unknown

Why/how/where/when did the exposure happened? _____

Animal behaviour at the time of the exposure: Normal Abnormal Not sure/unknown

Exposure Address / Location of Animal: Division: _____ District/Sub-district: _____ City/Town: _____

Village/Street/House No _____

GPS Coordinate:	N:	E:	Eg: N:1.398495 E:110.327078
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Local Authority/PBT Jurisdiction: _____

INVESTIGATION / SURVEILLANCE OUTCOME

<p>Assessment decision (Actions taken):</p> <p><input type="checkbox"/> *Vaccination, confined & quarantine -Start date (DD/MM/YY): _____ End date (DD/MM/YY) 10 days after start date: _____ - 'Rabies Observation Client Instructions' form was given to owner.</p> <p><input type="checkbox"/> Euthanised/PTS (Brain sample collected for sampling)</p> <p><input type="checkbox"/> Dead (Killed by owner/victim/public) - Brain sample collected & sent for sampling</p> <p><input type="checkbox"/> Dead - Brain sample collected & sent for sampling</p> <p><input type="checkbox"/> Unable to collect brain sample (autolysed)</p> <p><input type="checkbox"/> Animal/carcass not found/unknown</p> <p><input type="checkbox"/> Unreachable / Call unanswered</p> <p><input type="checkbox"/> Culled by Local Authority (please specify who & when): _____</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>Rabies assessment:</p> <p><input type="checkbox"/> Suspected rabies (Animal with two or more typical signs of rabies)</p> <p><input type="checkbox"/> Probably rabies (Animal with signs of rabies but not typical / non-specific sign of rabies)</p> <p><input type="checkbox"/> Not likely rabies (Animal without clinical sign of rabies/ is healthy / no history of being bitten by other animals or biting other animals)</p> <p><input type="checkbox"/> Not sure and need monitoring</p> <p><input type="checkbox"/> Animal not found</p>
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*Follow up result (For animals that are vaccinated, confined & quarantined):
 Animal is healthy after follow up (10 day) Animal dead and sent for sampling:

DATE OF CLOSED CASE (DD/MM/YY): _____ **INVESTIGATION TEAM:** _____

Investigation and assessment by (name, designation and signature):

1) _____ 2) _____