



## 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 \_\_\_\_\_

<b>GPS Coordinate:</b>	<b>N:</b>	<b>E:</b>	Eg: N:1.398495 E:110.327078
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**Local Authority/PBT Jurisdiction:** \_\_\_\_\_

### INVESTIGATION / SURVEILLANCE OUTCOME

<p><b>Assessment decision (Actions taken):</b></p> <p><input type="checkbox"/> *Vaccination, confined &amp; 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 &amp; sent for sampling</p> <p><input type="checkbox"/> Dead - Brain sample collected &amp; 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 &amp; when): _____</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p><b>Rabies assessment:</b></p> <p><input type="checkbox"/> <b>Suspected rabies</b> (Animal with two or more typical signs of rabies)</p> <p><input type="checkbox"/> <b>Probably rabies</b> (Animal with signs of rabies but not typical / non-specific sign of rabies)</p> <p><input type="checkbox"/> <b>Not likely rabies</b> (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"/> <b>Not sure and need monitoring</b></p> <p><input type="checkbox"/> <b>Animal not found</b></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) \_\_\_\_\_