



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