



South Dakota Public Health Laboratory
 615 E. Fourth Street
 Pierre, SD 57501
 Phone 605-773-3368 Fax 605-773-6129
 www.state.sd.us/doh/Lab/index.htm

Lab Use Only

Submitting Facility _____

Address _____

City/State _____

Phone _____ After hours phone _____

Veterinarian _____

Patient Information:

Patient Name: (Last) _____ (First) _____ (MI) _____

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Patient's Address	Date of Birth	Sex	Date Bitten/Exposed:
City	State	Zip Code	Phone Number

<p>Animal Death Date:</p> <p>____/____/____</p>	<p>Animal Submitted:</p> <p> <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> skunk <input type="checkbox"/> cow <input type="checkbox"/> horse <input type="checkbox"/> bat <input type="checkbox"/> raccoon <input type="checkbox"/> other _____ </p>
<p>Symptoms Exhibited by animal:</p> <p>_____</p> <p>_____</p>	