



**South Dakota Public Health Laboratory**  
 615 E. Fourth Street  
 Pierre, SD 57501  
 Phone 605-773-3368 Fax 605-773-6129  
<http://doh.sd.gov/lab/>

Lab Use Only
--------------

Submitting Facility \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_  
 Phone \_\_\_\_\_ After hours phone \_\_\_\_\_  
 Veterinarian \_\_\_\_\_

**Patient Information:**

Patient Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

--	--	--

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

<p><b>Animal Death Date:</b></p> <p>___/___/___</p>	<p><b>Animal Submitted:</b></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><b>Symptoms Exhibited by animal:</b></p> <hr/> <hr/>	