सत्यमेव जयते

NATIONAL CENTRE FOR DISEASE CONTROL

(DIRECTORATE GENERAL OF HEALTH SERVICES)

22, SHAM NATH MARG, NEW DELHI – 110054

CENTRE FOR ARBOVIRAL AND ZOONOTIC DISEASES

Proforma For Anti Rabies Antibody Titer Estimation(Dogs & Cats)

Name of the Hospital/Clinic sending the sample:

Name of the Veterinarian: **Contact Details:**

Details of Animal Owner

Name: **Contact Details:**

Adress

Details of Animal **Microchip No.**

Species of the animal: **Place of Birth:**

Type: Pet/Stray **Age/DOB:** **Weight:**

Sex: **Breed:**

Colour: **Hospital ID:**

History of Rabies in mother or siblings **Yes/No/Unknown**

If yes, Specify?

Purpose of visit to the Hospital/Clinic

Whether the animal is registered under Municipal Corporation : Yes / No

Deworming Done : Yes / No. **If Yes, When was the last given**

Clinical Symptoms in Dogs	Details	Date of Onset
Change in Behavior		
Off feed:		
Fever:		
Weight loss:		
Paralysis:		
Anorexia:		
Diarrhoea/Vomitting:		
Date & Time of death:		

Details and address of person/animal bitten by suspected rabid dog:	Date of Bite	Whether anti-rabies treatment started or not in them:

Vaccination Status : Vaccinated/Not Vaccinated/Irregularly vaccinated/unknown

Name of vaccine (ARV of any other vaccination)	Date	Route of Administration	If ARV, Vaccination whether pre/post-exposure prophylaxies.	Any other details

Date of collection of serum/blood :

Any bite history or being bitten by other animals (if Yes mention)

Date: **Species :** **Site of Bite:**

Any symptoms:

Signature of the Veterinarian

Date