



**Request for Rabies Biologicals for Postexposure Prophylaxis from DSHS**  
**Region 7 Zoonosis Control Program**  
**Zoonosis Control Veterinarian--Beverlee E. Nix, DVM, MPH**  
**2408 S. 37<sup>th</sup> Street, Temple TX 76504**  
**Phone: (254) 778-6744 Fax: (254) 773-9358**

**PRINT LEGIBLY** to avoid processing delays. Fill out a separate form for each patient. Fax the completed form to Region 7 Zoonosis Control Program. Forms will be processed during regular business hours in the order received.

Dispensing depots and health care providers will be notified in writing of Region 7 Zoonosis Control's approval or denial of DSHS-supplied rabies biologicals.

Patient Information	Last Name	First Name	DOB (mm/dd/yyyy)	Telephone number (s) hm _____ mobile _____
Address		City	Zip Code	County
Insurance Company Name				Telephone Number
Physician Information	Name			
Address		City	Zip Code	Phone: _____ Fax: _____
Type of exposure (must be physician-confirmed) <input type="checkbox"/> Bite <input type="checkbox"/> Other*				
Explain "Other*"				
Note: Exposure is defined as (1) an animal bite which breaks the skin or (2) exposure of broken skin (bled or had serious drainage within last 24 hours) or mucous membranes to saliva or cerebrospinal fluid. More information found at: <a href="http://www.dshs.state.tx.us/idcu/disease/rabies/information/treatment/people/chart">http://www.dshs.state.tx.us/idcu/disease/rabies/information/treatment/people/chart</a>				
Patient exposed to what animal (species)?		Date of exposure (mm/dd/yyyy)		
If the biting animal is a dog, cat, or ferret, is it in quarantine for rabies observation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why is quarantine delayed?				
If the biting animal is a bat, raccoon, skunk, fox, or coyote, has it been submitted for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why not?				