



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-989-7060 or (877) 747-2243 FAX: (213) 481-2375

publichealth.lacounty.gov/vet



BAT SUBMISSION FORM

INSTRUCTION:

- > All bats submitted to animal shelters must be reported to the Health Department immediately.
> Please FAX all information to (213) 481-2375
> Fill out as much information as possible.
> DO NOT DECAPITATE specimen.
> DO NOT FREEZE specimen.

1. Bat Impound # _____ Date _____

Shelter _____ ACO _____

Phone Number _____

2. Name of person who captured bat _____

3. Name of owner/business where bat was found _____

4. Address (where found) _____

Phone Number of premise _____

5. Capture location of bat [] Home [] Garage [] Business [] Outdoors [] Other _____

Time of capture or pickup _____

6. Method used to capture bat _____

1. State of bat when captured (check one) [] Live or [] Dead

2. Did any people or animals have any physical contact with bat? [] Yes [] No

If so, explain: _____

Table with 3 columns: Names, Addresses, Phone. Each column has three blank rows for data entry.