BAT SUBMISSION FORM

INSTRUCTIONS:
➢ All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible.
➢ DO NOT DECAPITATE bat specimen.
➢ Refrigerate bat after it is deceased. DO NOT FREEZE.

1. Reporting Agency. Shelter/Clinic Name ________________________________________________
   Phone __________________________ Date bat reported to Public Health _________________________
   Staff member / ACO ___________________________ Bat Impound # __________________________

2. Person who found the bat. Name_____________________________ Phone______________________

3. When / where was the bat found? Date bat found______________________________
   Name of business (if applicable) ________________________________________________________
   Address ____________________________________________________________________________
   Type of location where bat found (check one):
   □ Home      □ Park      □ Camp
   □ Business  □ School     □ Other:____________________________________________________

4. Details of bat encounter. Describe how the bat was found, and where on the property
   __________________________________________________________________________________
   Was the bat found (check one) □ Indoors*    or   □ Outdoors?
   Time of capture/pickup _______ Method used to capture bat ________________________________
   When captured, was the bat (check one) □ Alive**    or □ Dead?

5. Contact with bat. Did any people or animals have potential physical contact with bat?
   (check one)    □ Yes*      □ No        □ Unknown
   *List all persons and pets that had direct contact with the bat or that were indoors with the bat.
   **List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)
   Name(s):___________________________________________ Phone:____________________________