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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approval request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before you fill in the form Nobivac inactivated Rabies vaccine is not registered for general use in Australia; however, it may be used under APVMA permit PER14236 to provide post-exposure prophylaxis to animals following potential exposure to ABLV. The permit requires approval, on a case-by-case basis, from a state/territory Chief Veterinary Officer (CVO) before the rabies vaccine can be used for this purpose.  Conditions of Authorisation by the Northern Territory (NT) Chief Veterinary Officer:   * The vaccine must be used as per the critical use comments and conditions of PER14236[[1]](#footnote-1). * The vaccine must only be administered by the veterinarian(s) approved by the NT CVO. * Post-exposure vaccination and monitoring protocol must be completed as directed by the CVO. * Vaccinated animals must be microchipped.   The owner/carer should be informed that information about potential exposures to ABLV, including information about the owner, may be provided to NT Department of Health Centre for Disease Control to facilitate management of risks to human health. Instructions The attending veterinarian should complete all sections, sign and email to cvo@nt.gov.au**.**   1. Approval will be emailed back to the attending veterinarian ASAP. 2. The veterinarian may order rabies vaccine from their veterinary supplier *(NB: vaccine must not be administered until CVO approval has been verified).*   If vaccine is required urgently, you may be able to use and then replace vaccine held in stock by the DITT. Contact the DITT Veterinary Officer in your region for more information. Call Darwin 08 8999 2035, Katherine 08 8973 9713 or Alice Springs on 088951 8181.   1. Once the vaccination course is completed, send a copy of the vaccination certificate to the CVO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fields marked with caret (^) are office use only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Animal details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | Age | | |  | | | | Species | | | |  | | | | | Breed | | | |  | | | |
| Microchip number | | | | |  | | | | | | | **Note**: If the microchip number is not included in this application, it must be provided by fax or email after the first vaccine dose is administered | | | | | | | | | | | | | | | | | | | | | | | |
| Exposure details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of exposure to bat | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of location where exposures occurred | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Type of exposure | | | | | | | | | Bite | | | | Yes/No | | | | | | Scratch | | | | | Yes/No | | | | | Lick | | | | | Yes/No | |
| Ingestion/chewing | | | | | | | | | Yes/No | | | | Other, please specify | | | | | | | | | | |  | | | | | | | | | | | |
| Was the wound/exposure site cleaned? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, please provide details | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Was veterinary attention given? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| If yes, please provide details | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| What kind of bat was it? | | | | | | | | | | | Flying fox | | | | | Yes/No | | | | Microbat | | | | | Yes/No | | | | Unknown | | | | | Yes/No | |
| Wild bat | | | | Yes/No | | | | Captive/in care | | | | | | | | | Yes/No | | |  | | | | | | | | | | | | | | | |
| Was the bat dead or alive at exposure? | | | | | | | | | | | | | | | | | Alive | | | Yes/No | | | | | | | | | Dead | | | | | Yes/No | |
| If alive, detail any clinical signs observed | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Owner details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | |
| Phone | | |  | | | | | | | | | | | | | | | **Email** | | |  | | | | | | | | | | | | | | |
| Veterinarian details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attending vet | | | | | |  | | | | | | | | | | | | **Vet registration number** | | | | | | | | |  | | | | | | | | |
| Practice name | | | | | |  | | | | | | | | | | | | **Address** | | |  | | | | | | | | | | | | | | |
| Practice phone | | | | | |  | | | | | | | | | | | | **Email** | | |  | | | | | | | | | | | | | | |
| Authorisation by Northern Territory (NTG) Chief Veterinary Officer (CVO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of attending veterinarian | | | | | | | |  | | | | | | | | | | **Signature** | | | |  | | | | | | | | | Date | | | |  |
| Name of NTG CVO | | | | | | | |  | | | | | | | | | | **Signature** | | | |  | | | | | | | | | Date | | | |  |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veterinary reg number | | | | | | |  | | | | | | | Form sent to applicant | | | | | | | | | | | | Yes/No | | | | TRM ref | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. <http://permits.apvma.gov.au/PER14236.PDF> [↑](#footnote-ref-1)