DHD#10 ANIMAL BITE / EXPOSURE REPORT

SOURCE OF REPORT: ACO Hospital Dr's. Office Sheriff's Dept. Vet Client Other: _____

GENERAL INFORMATION:

Today's Date:_____
Exposed Person's Name:_____ DOB: _____
Address:_____
City, State, Zip:_____ County:_____
Phone:_____Insurance:_____
Parent/Guardian Name:_____
Informant Name and Contact Information;_____

EXPOSURE DATA (Please Circle): Owned Animal Stray Animal Wild Animal Bat

Date of Bite/Scratch_____
Kind of Animal: Species:_____ Breed:_____ Gender:_____
Location and Description of Incident:_____
_____
Animal in contact with other animals? If yes, describe:_____

ANIMAL DATA:

Owner's Name:_____
Address:_____
City, State, Zip:_____ County:_____
Phone:_____ Name of Pet:_____
Location of animal now_____ Quarantined? Yes _____ No _____
Name/Phone # of Veterinarian:_____
Does animal have current rabies vaccination: No_____ Yes_____ Expiration date:_____
Family pet / Farm Livestock / etc. exposed to wild or rabid animal? Explain status:_____

DISPOSITION OF BITING ANIMAL:

Animal euthanized, sent for rabies testing: No_____ Yes_____ Date sent_____
Result: *Rabies positive*_____ *Rabies Negative:* _____ Physician Notified_____ Client Notified_____
Comments:_____
_____

Exposed person referred for medical care and follow-up? NO_____ YES_____ Location:_____
Wound Site:_____
Treatment: Wound Care_____
IMMS/Last Tetanus date:_____ Other:_____
Medications:_____
Other: HRIG Date:_____ Rabies Vaccine Date: 1)_____ 2)_____ 3)_____ 4) _____
*No. 5 is only for person with alter immune competence) ** 5) _____

Bite reported to the Health Department? Yes_____ No_____
Bite reported to the Animal Control Officer (where applicable? Yes_____ No_____

FOR _____ COUNTY
PLEASE FAX THIS REPORT TO:

Health Department:_____
Fax:
Animal Control :_____
Fax:

NOTES/COMMENTS (Continue on back page)