



Family Health – Communicable Diseases

Serving Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

Animal Bite or Exposure Report							
Report Date	Report Source	<input type="checkbox"/> ACO	<input type="checkbox"/> Hospital	<input type="checkbox"/> Phys office	<input type="checkbox"/> Sheriff	<input type="checkbox"/> Vet	<input type="checkbox"/> Client
		<input type="checkbox"/> Other - Explain:					
Subject Information							
Name			DOB				
Address							
City	State	Zip	Phone				
County			Insurance				
Informant Name			Informant Phone				
Exposure Data							
Origin	<input type="checkbox"/> Owned Animal	<input type="checkbox"/> Stray Animal	<input type="checkbox"/> Wild Animal	<input type="checkbox"/> Bat			
Incident Date	Type	<input type="checkbox"/> Bite	<input type="checkbox"/> Scratch	<input type="checkbox"/> Exposure			
Animal Species			Breed				
Describe Incident <i>(where and how)</i>							
Other animals exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain:</i>							
Animal Data							
Owner's Name			Phone				
Address							
City	State	Zip	County				
Vet Name	Vet Phone		Pet Name				
Current Location of Animal			Quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expiration Date				
Medical Provider <i>** complete prior to faxing to local health department **</i>							
Exposed person referred for medical care and follow up? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>If Yes:</i> 1) What Provider? 2) Where will follow up care take place?							
Wound Site		Treatment/Wound Care					
Imms/Last Tetanus Date			<i>(if not able to confirm, please consider booster shot)</i>				
Medications			HRIG Date				
Rabies Vaccine Dates 1) 2) 3) 4) 5)					<i>(# 5 is only for persons with alter immune competence)</i>		
Vaccine Information Sheets (VIS) provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			History of PEP				
Bite reported to Health Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			Bite reported to Animal Control Officer (where applicable?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
<i>Please provide as much information as possible to assist in follow up and tracking of potential rabies exposure.</i> ** If rabies vaccination series is started in ED – please complete attached physician order for completion of outpatient rabies vaccination series and send with the patient at discharge; or fax to the Outpatient Infusion Clinic. **			FOR _____ COUNTY FAX THIS REPORT TO BOTH: Health Department: _____ Fax: _____ Animal Control: _____ Fax: _____				