



REPORT OF ANIMAL RABIES EXPOSURE

INITIAL REPORT					
Report Received by (First Last)		Date		Time	
Reported by		Telephone Number		Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other: _____	
Date of Exposure		Geographic Location of Exposure			
EXPOSING ANIMAL INFORMATION					
Exposing Animal Name (or ID)	Animal Type	Animal Age	Animal Sex	Animal Breed	Animal Color
Name of Animal Owner (First Last)				Telephone Number	
Street Address				Cell Phone Number	
City		Zip Code		Email Address	
Name, address and Telephone Number of Veterinarian					
HUMAN EXPOSURE					
Name of Person Exposed (First Last)		Date of Birth		Telephone Number	
Street Address				Cell Phone Number	
City		Zip Code		Email Address	
Is patient a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name and Telephone Number of Parent/Guardian				
Location on Body where Exposure Occurred				Date of Exposure	
Type of Exposure		Description of Exposure			
MEDICAL CARE PROVIDER					
Name of Medical Care Provider				Telephone Number	
Street Address				Cell Phone Number	
City		Zip Code		Email Address	
Was rabies treatment started? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date and Type of Treatment Started				

DOMESTIC ANIMAL EXPOSURE

Exposing Animal Name (or ID)	Animal Type	Animal Age	Animal Sex	Animal Breed	Animal Color
Name of Animal Owner (First Last)				Telephone Number	
Street Address				Cell Phone Number	
City		Zip Code		Email Address	
Name, address and Telephone Number of Veterinarian				Vaccination Status at Time of Exposure	
Type of Exposure			Description of Exposure		

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