

REPORT OF ANIMAL-ANIMAL RABIES EXPOSURE

INITIAL REPORT					
Report Received by (First Last)		Date		Time	
Reported by		Telephone Number		Type of Exposure: Bite Scratch Other: _____	
Date of Exposure		Geographic Location (Address) of Exposure			
EXPOSING ANIMAL					
Animal Type			Additional details		
DOMESTIC ANIMAL EXPOSURE					
Exposed Animal Name (or ID)	Animal Type Dog Cat Ferret Other (specify):	Animal Age	Animal Sex Male Female Unknown	Animal Breed	Animal Color
Name of Animal Owner (First Last)				Telephone Number	
Street Address				Cell Phone Number	
City		Zip Code		Email Address	
Veterinarian Name				Vaccination Status at Time of Exposure Currently vaccinated Previously vaccinated with documentation Previously vaccinated without documentation Never vaccinated Unknown	
Veterinary Practice Name		Veterinary Practice Telephone			
Veterinary Practice Address					
Type of Exposure Bite or scratch Direct contact with suspect rabid animal Wound of unknown origin In the vicinity of a suspect rabid animal Other (specify) _____ Unknown			Description of Exposure		
NOTES					