



ANIMAL ENCOUNTER REPORT

COMPLETE AS MUCH INFORMATION AS POSSIBLE. A PHONE NUMBER FOR THE VICTIM IS NECESSARY. **REPORT THE BITE, SCRATCH, OR OTHER CONTACT TO THE HEALTH DEPARTMENT IMMEDIATELY.**

VICTIM INFORMATION

Date of Exposure: _____ Time of Exposure: _____ Date of Report: _____
Reported By: _____ Phone Number: _____
Name of Victim: _____ Parent, if <18: _____ Phone Number: _____
Address: _____
Date of Birth / Age of Victim: _____ Weight of Victim: _____ Pounds Sex: () M () F
Type of Exposure: () Bite () Scratch () Contact with Saliva () Other: _____
Site of Exposure: () Head-Neck () Arm-Hand () Leg-Foot () Torso Severity: _____
Circumstances of Exposure: _____
Physician / Hospital: _____ Phone Number: _____
Treatment: _____

ANIMAL INFORMATION

Owner of the Animal: _____ Phone Number: _____
Address: _____
Type of Animal: _____ Description: _____ () Pet () Stray () Wild
Signature of Person(s) Completing Report: _____ Date: _____

FOR HEALTH DEPARTMENT USE

Owner Notified: () Yes () No Date Notified: _____ By: () Phone () Letter () Visit
Status of Animal: () Confined () Killed () Died () Lost () Other: _____
If Confined, at: () Home () Veterinarian () Animal Shelter Location: _____
Animal Has Current Rabies Vaccination (confirmed by certificate, not tag): () Yes () No Date: _____
Other Animals Have Been Exposed: () Yes () No If Yes, Explain: _____
Animal Head Submitted for Examination: () Yes () No Date Submitted: _____
Recommend Rx of Person Exposed: () None () RIG () Rabies Vaccine () Tetanus
Date Rx Started: _____

LABORATORY REPORT

() Positive Evidence of Rabies Virus () Negative - No Evidence of Rabies virus
() Unsatisfactory - No Test Performed () Other Results - Specify Below
Date Results Received: _____

FOLLOW-UP

Animal Health After 10 Days: () Good Health () Clinical Symptoms () Escaped () Died
Date: _____
Date Completed and Checked: _____ Signed: _____
Sanitarian Comments: _____

