

EXPOSURE REPORT

DOB: _____

Bite Victim Information		DESCRIBE WHAT HAPPENED
Date of bite_____ Time_____am/pm <input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth_____ Minor <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Age_____ Was victim familiar with animal? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hospitalized for injuries Where_____ <input type="checkbox"/> Outpatient treatment Where_____ <input type="checkbox"/> Home treatment	Name:_____ Address:_____ Phone # _____ Alternate#_____ If bite victim is a minor: Guardian Name_____ Guardian Address_____ _____ Guardian Phone _____	
	ANIMAL OWNER	
	Name:_____ Address:_____ Phone # _____ Alternate#_____	
	OWNED BY:	
	<input type="checkbox"/> Vic/family pet <input type="checkbox"/> Relative <input type="checkbox"/> Other person <input type="checkbox"/> Stray	
	BITE LOCATION ON VICTIM	
	<input type="checkbox"/> Extremities: hand / arm / leg / foot / other _____ <input type="checkbox"/> Head/Neck <input type="checkbox"/> Torso <input type="checkbox"/> Wildlife exposure	
	SEVERITY OF BITE	
	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unk	
	RABIES SUSPECT	
<input type="checkbox"/> Dog_____ <input type="checkbox"/> Cat_____ <input type="checkbox"/> Wildlife species_____ <input type="checkbox"/> Wolf/Hybrid <input type="checkbox"/> Other		
AT TIME OF BITE, ANIMAL WAS	 	
<input type="checkbox"/> Unrestrained OFF property☼ <input type="checkbox"/> Unrestrained ON property <input type="checkbox"/> Restrained (fence, leash, kennel,etc)		
RABIES VACCINATIONS		
<input type="checkbox"/> Unknown☼ <input type="checkbox"/> NOT currently vaccinated☼ <input type="checkbox"/> Rabies Tag # _____ Vaccination date_____ <input type="checkbox"/> 1yr <input type="checkbox"/> 3 yr Vet clinic_____		
DOMESTIC ANIMAL INFO		
Animal Name: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Spay/Nueter <input type="checkbox"/> Y <input type="checkbox"/> N Color: _____ Age: _____		
☼ NOT eligible for home quarantine		
CIRCUMSTANCES		
<input type="checkbox"/> Victim chased by dog (jogging, bike, walk, etc) <input type="checkbox"/> Playing <input type="checkbox"/> Protecting territory, food, pups, etc. <input type="checkbox"/> Injured/sick <input type="checkbox"/> Fighting with another animal <input type="checkbox"/> Victim attempted to pet/handle/pick up <input type="checkbox"/> Other (describe on back of report) <input type="checkbox"/> Unknown		
BITE TOOK PLACE ON PROPERTY OF:		
<input type="checkbox"/> Victim <input type="checkbox"/> Neighbor <input type="checkbox"/> Relative <input type="checkbox"/> Animal Owner <input type="checkbox"/> Business <input type="checkbox"/> Public(road,park,school) <input type="checkbox"/> Other _____ Address where bite took place: _____		

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ACTIVITY_____

Additional Information:

[illegible]