EXPOSURE REPORT

Bite#_____ Activity#_____ DOB:_____

Bite Victim Information		DESCRIBE WHAT HAPPENED
Date of bite		
Timeam/pm	Name:	
□ Male □ Female	Address:	
Date of birth	Phone #	
Minor □Y □N	Alternate#	
If yes, Age		
Was victim familiar with animal?	If bite victim is a minor: Guardian Name	
□Y □N	Guardian Address	
□ Hospitalized for injuries		
Where	Guardian Phone	
□ Outpatient treatment	ANIMAL OVAINED	
Where	ANIMAL OWNER	
□ Home treatment	Name:	
DIME LOCATION ON MODIA	Address:	CAD CANACOL VIOLE
BITE LOCATION ON VICTIM	Phone #	CIRCUMSTANCES
□ Extremities: hand / arm / leg / foot / other	Alternate#	□ Victim chased by dog (jogging, bike, walk, etc)
□ Head/Neck □ Torso □ Wildlife exposure	OWNED BY:	□ Playing□ Protecting territory, food, pups, etc.
SEVERITY OF BITE	□ Vic/family pet □ Relative	□ Injured/sick
□ Minor □ Moderate	□ Other person □ Stray	☐ Fighting with another animal
□ Severe □Unk		□ Victim attempted to pet/handle/pick up
RABIES SUSPECT	AT TIME OF BITE, ANIMAL WAS	□ Other (describe on back of report)
□ Dog	□ Unrestrained OFF property☆	□ Unknown
□ Cat	□ Unrestrained ON property	
 □Wildlife	□ Restrained (fence, leash, kennel,etc)	BITE TOOK PLACE ON PROPERTY OF:
species		□ Victim □ Neighbor □ Relative
□ Wolf/Hybrid □ Other	RABIES VACCINATIONS	☐ Animal Owner ☐ Business
, ,	□ Unknown☆	□ Public(road,park,school)
DOMESTIC ANIMAL INFO	□ NOT currently vaccinated☆	□ Other
Animal Name:	□ Rabies Tag #	
Sex: DM F	Vaccination date □ 1yr □ 3 yr	Address where bite took place:
Spay/Nueter □ Y □ N	Vet clinic	·
Color: Age:		
	☼ NOT eligible for home quarantine	

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Additional Information:

EXPOSURE INFO
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Did anyone touch the animal? □Y □N □U
Wildlife found: □ Outdoors □ Indoors □ Other
□ Public □ Private
Exposure: Bite Handle Scratch Unk Other
Potential for contact even if not known? \Box Y \Box N
Animal Impounded: □ Alive □ Sick □Injured □ Dead
Where SPECIFICALLY was the animal found:
POINT OF CONTACT
Name:
Address:
Phone #
Alternate#
Buisness Name:
OTHER INFO