



DUTCHESS COUNTY DEPARTMENT OF HEALTH
Environmental Health Services Division
85 Civic Center Plaza – Suite 106
Poughkeepsie, NY 12601
Phone: 845-486-3404 Fax: 845-486-3545
Email: ehs@dutchessny.gov

Suspected Rabid Animal or Rabies Exposure Report

Log#

EDITS#

Instructions: The REPORTER fills out section A - D. RETURN FORM TO THE EHS DIVISION VIA FAX OR EMAIL

SECTION A. Patient

Last Name _____ First Name _____ D.O.B. _____

Street Address _____ City/Town _____

State _____ Zip _____ Phones: Home _____ Cell _____ Work _____

Email _____ Parent/Guardian Name (If Child) _____

Injury/Contact: Date _____ Type (bite, scratch, contact) _____ Treatment _____

Address where injury/contact occurred _____

SECTION B. Animal

Species _____ Description (breed, color size, etc.) _____ Owned/Stray/Wild _____

Rabies vaccination status: Date of Immunization _____ Immunization Duration (1yr/3yr) _____

Vet. Name _____ Pet's name _____

SECTION C. Owner of Animal

Name _____ Phone _____

Address _____ Town, City, Village _____

Email _____

SECTION D. Agency

Reported By _____ Agency _____ Phone _____

SECTION E. Follow-Up (For DCDOH use only)

Person Completing Report _____

Select one or more of the following:

☐ Animal Confinement Period: From _____ To _____

☐ Animal Destroyed: Date _____ Method _____ ☐ Shipped to Lab: Date _____ By: _____

Remarks: _____

PLEASE RETURN COMPLETED FORM TO:

Dutchess County Department of Health, Environmental Health Services Division

Fax: 845-486-3545 Email: ehs@dutchessny.gov

Rabies Questions: Phone: (845) 486-3404 After hours, weekends, holidays: (845) 320-1656