



Suspected Rabid Animal or Rabies Exposure Report

Instructions: The REPORTER fills out section A - D. DBCH personnel should complete Section E.

SECTION A. Patient

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

Street Address _____ City/Town _____

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

Injury/Contact: Date _____ Description _____

Treatment _____

SECTION B. Animal

Species _____ Description _____ Owned/Stray/Wild _____

Domestic pet vaccination status: Actively Immunized? (Date of immunization) _____

Date unvaccinated animal immunized _____ Vet. Name _____

SECTION C. Owner of Animal

Name _____ Phone _____

Address _____ Town, City, Village _____

SECTION D. Agency

Reported By _____ Agency _____ Phone _____

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

Person Completing Report _____

Investigation Record
Initial Investigation by _____ Phone _____ Letter _____ Visit _____

Follow up Investigation by _____ Phone _____ Letter _____ Visit _____

Select one or more of the following:

Animal Confinement Period: From _____ To _____

Animal Destroyed: Date _____ Method _____

Shipped to Lab: Date _____ by _____ via _____

Remarks: _____

