



**ANIMAL BITE/RABIES EXPOSURE REPORT**

DATE OF INCIDENT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

REPORTED BY: (AGENCY NAME - PHONE#) \_\_\_\_\_

ANIMAL OWNER \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PERSON BITTEN \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ PARENT NAME (IF MINOR) \_\_\_\_\_

ADDRESS/PHONE (IF DIFFERENT) \_\_\_\_\_

ADDRESS WHERE BITE/SCRATCH/EXPOSURE OCCURRED \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_

BITE \_\_\_\_\_ SCRATCH \_\_\_\_\_ OTHER EXPOSURE \_\_\_\_\_

PART OF BODY BITTEN/SCRATCHED (Specify Area) \_\_\_\_\_

TREATMENT RECEIVED \_\_\_\_\_ DR. NAME \_\_\_\_\_

RABIES POST-EXPOSURE PROPHYLAXIS (SHOT) ADMINISTERED? YES \_\_\_\_\_ NO \_\_\_\_\_

DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER ANIMAL (Specify) \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ ANIMAL'S NAME \_\_\_\_\_

CURRENT RABIES SHOT? YES \_\_\_\_\_ NO \_\_\_\_\_ IMMUNIZATION DATE \_\_\_\_\_

VET NAME \_\_\_\_\_ VET PHONE \_\_\_\_\_

VET ADDRESS \_\_\_\_\_

BITING CIRCUMSTANCES \_\_\_\_\_

PLEASE REPORT WITHIN 24 HOURS OF INCIDENT TO THE LAKE COUNTY GENERAL HEALTH DISTRICT  
PHONE 440-350-2543 (AFTER 4:30 P.M. LEAVE MESSAGE) OR FAX 440-350-2548

**ANIMALS MUST BE CONFINED BY OWNER FOR 10 DAYS FROM THE DATE OF THE BITE.  
PROOF OF RABIES VACCINATION REQUIRED FOR DOGS, CATS AND FERRETS.**

