

Animal Bite / Rabies Report Form

Incident Information

Reported By: _____ Phone No.: _____

Date of Incident: ____/____/____ County Where Incident Occurred: _____

Reporting Agency: Veterinarian Healthcare Facility Health Department Law Enforcement
 Animal Control Laboratory Other

Name of Agency: _____ Case Number/ID (optional): _____

Patient Information

Name: _____ Phone No.: _____

Date of Birth: ____/____/____ Age: ____ Gender: Female Male Non-Binary Transgender

Race/Ethnicity: White Black American Indian/Alaskan Native Asian Hispanic/Latino
 Pacific Islander/Hawaiian Multi-Racial Other: _____

Address: _____

City: _____ State: ____ ZIP Code: _____ County: _____

Description of Injury: _____

Rabies Post-Exposure Prophylaxis Administered: Yes No

Animal Information

Animal: Bat Cat Dog Horse Raccoon Skunk Squirrel Other: _____

Owned: Yes No Unknown Patient is Owner

Owner Name: _____ Phone No.: _____

Rabies Vaccinated: Yes No Unknown Not Applicable

Date of Rabies Vaccination if Yes: ____/____/____

Circumstances of Bite and/or Other Comments: _____

Current Disposition of Animal: _____

Laboratory Information

Animal Submitted for Rabies Testing: Yes No

Laboratory: _____ Accession No. (if known): _____

Rabies Result: Detected Not Detected No Test Performed