



ANIMAL BITE/POSSIBLE HUMAN EXPOSURE TO RABIES CASE REPORT

Exposed Person Information "Case"				DATE OF BIRTH	DATE OF BITE/EXPOSURE
NAME OF PERSON EXPOSED (LAST, FIRST, MI)				/ /	/ /
STREET ADDRESS		CITY	COUNTY	STATE	ZIP
SEX: MALE FEMALE	PHONE NUMBER	RECEIVED MEDICAL CARE? Yes No UNKNOWN			

Reporter Information (If different than Case)	
NAME OF PERSON REPORTING EXPOSURE (LAST, FIRST, MI)	
RELATIONSHIP TO CASE	PHONE NUMBER

Health Care Information (If Case received Medical Care)		
HEALTH CARE PROVIDER & ADDRESS		
PHONE NUMBER	WAS RABIES POST-EXPOSURE PROPHYLAXIS (RPEP) STARTED? Yes No	DATE STARTED:
DID HEALTH CARE PROVIDER GIVE INFORMATION TO CASE ABOUT RABIES RISK? Yes No		DATE GIVEN: / /

Exposure Information
DESCRIPTION OF WOUND (LOCATION ON BODY, SEVERITY, # OF BITES)
NATURE OF EXPOSURE: BITE SALIVA TO MUCOUS MEMBRANE CLAW SCRATCH OTHER:
CIRCUMSTANCES SURROUNDING EXPOSURE (DESCRIBE IN DETAIL HOW BITE/EXPOSURE OCCURRED)
TREATMENT OF WOUND

Animal/Animal Owner Information				PHONE NUMBER	
NAME OF ANIMAL OWNER					
STREET ADDRESS		CITY	COUNTY	STATE	ZIP
ANIMAL TYPE (DOG, CAT, BAT)		DESCRIPTION (BREED, AGE, GENDER)			
CURRENT LOCATION OF ANIMAL			PRESENT HEALTH OF ANIMAL		
IS ANIMAL'S RABIES VACCINATION CURRENT? Yes No UNK				DURATION OF VACCINE (YEARS)	

Veterinarian/Quarantine/Laboratory Information				PHONE NUMBER	
NAME OF VACCINATING VETERINARIAN					
WAS ANIMAL QUARANTINED ACCORDING TO LOCAL HEALTH AUTHORITY? Yes No			WHERE?		
IF "NO" WHY? <input type="checkbox"/> STRAY ANIMAL, NOT LOCATED <input type="checkbox"/> ANIMAL EUTHANIZED <input type="checkbox"/> ANIMAL NOT A DOG, CAT OR FERRET <input type="checkbox"/> OTHER _____					
WAS ANIMAL SPECIMEN SUBMITTED FOR RABIES TESTING? Yes No			WHO SUBMITTED? (NAME & TITLE)		
RESULTS OF TESTING/QUARANTINE:				DATE COMPLETED / /	

CASE INITIATED
 Investigator:
 Date:
 Additional Notes:

CASE COMPLETED
 Investigator:
 Date: