WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT
ANIMAL BITE/EXPOSURE REPORT FORM
SECURE FAX NUMBER: (734) 544-6706 PHONE: (734) 544-6770

Bite Victim Name_____Birthdate:_____

Home Address_____

Home Phone(_____)_____Alternate Phone(_____)_____

Bite/Exposure Date_____Time of Day_____ Sex:_____

Address Where Bite Occurred_____

Description of Bite/Exposure Incident_____

_____

Provoked Bite: Yes or No **Occult Exposure: Yes or No**

Skin Penetration: Yes or No Location on Body:_____
Treatment: Yes or No
Describe: Wound Care Antibiotics Td Booster RIG RVA
Additional Treatment_____
M.D. Name:_____Phone:(_____)_____

Animal Type: Dog Cat Ferret Raccoon Skunk Woodchuck Bat Other:_____
Domestic Pet: Yes or No
Feral/Wild: Yes or No
Current Location of Animal_____
Owner's Name_____
Owner's Address_____
Owner's Phone(_____)_____Alternate Phone(_____)_____

Rabies Vaccination Date(s):_____
RabiesTag #:_____
Veterinarian's Name:_____ Phone:(_____)_____

Bite Reported to Law Enforcement: Yes or No Date Reported:_____
Jurisdiction:_____
Disposition of Animal: Destroyed HSHV Confinement Home Confinement

Animal Specimen Sent for Testing: Yes or No Date Sent:_____
Results: Positive or Negative Victim Notification Date:_____

PEP Recommendations:_____

Information Reported By:_____Phone:(_____)_____

Report Taken By:_____Report Date:_____