

REPORT OF POSSIBLE RABIES EXPOSURE

(BITE, SCRATCH, SALIVA IN WOUND OR MUCOUS MEMBRANE)

Date of Report:		PLEASE FAX FORM TO 386-437-8287				
1.Person Completing Form (should be staff, not patient	nt): 2	Agency:		3. Telephon	e:	
	Sex: ⁄Iale ⁻ emale	6. DOB	7. Age:	8. Telephone:		
9. Address (No. & Street):		(City)		(State)	(Zip)	
10. Name of Parent/Guardian (if victim is a minor):	1	1. Address (if o	different than a	above):		
12. Location of Bite:						
13. Date of Last Tetanus Vaccination:			a Rabies Post- □ Yes	Exposure Prophylaxis	s (RPEP) Started:	
15. Place of Attack:			16. Time and Date of Attack:			
17. Circumstances of Attack: □ K-9 (Police Action □ Sick/Hurt		Unknown Other	Unprovok	ed □ Playful	Provoked	
18. Animal Owner (Custodian):		Telephone:				
19. Address of Animal Owner (No. & Street):		(City)		(State)	(Zip)	
20. Type of Animal: □ Dog □ Cat □ Other (specify)		Owned Stray Wild	□ Male □ Female	 Spayed/Neutered Unaltered Unknown 	Estimated Age:	
21. Description (Breed, Color, Etc.):						

09/2022