Monroe County Department of Public Health
Animal Contact Incident Report - 1 Patient Per Form
To be Completed by Health Care Provider; Not Patient

*Notify Monroe County Department of Public Health of All Animal Bites / Contact incidents *
Fax Report to 753-6014

Non-Routine Exposures: Bite or Contact with Saliva From Wildlife or Domestic Animal Not Vaccinated Against Rabies.
Notify Immediately by Phone: 753-5171 Weekdays (8:30 a.m. - 4:30 p.m.), 753-5905 after-hours & weekends

Routine Exposures: Bite or Saliva Contact From Domestic Animal Currently Vaccinated Against Rabies and Individuals Bitten by Their Own Pet. Fax Report to 753-6014.

Patient/Victim Information
Patient's Name: ___________________________________________ DOB: ____________ □ Male □ Female
Address: __________________________________________________
Phone: (H) ____________________ (W) ______________ (C) __________________
Parent’s Name (If Patient<18): ________________________________
County of Incident: ___________________ Reported By: __________________ Phone: ______________

Incident Information
Date of Bite/Contact: ___________________________ Time: ___________ a.m. or p.m. (Circle one)
Describe the Incident and Exposure: _________________________________________________________________
_______________________________________________________________________________________________
Site of Bite Wound _____________________________________________________________

Animal Information
Owner of Animal: __________________________________________ Phone: ______________
Address: _________________________________________________________________
Species: __________________ Breed: __________________________ □ Domestic □ Wild/Stray
Vaccinated for Rabies: □ Yes □ No □ Unknown Animal Name: _________________________ Age: __________
Vaccination Date: _____________________ Expiration Date: ____________________
Animal Hospital (Veterinarian): _________________________________ Phone: ______________
Was Bite/Scratch Provoked? □ Yes □ No
Animal Behavior: □ Normal □ Aggressive □ Sick Appearance

Post Exposure Rabies Prophylaxis Initiated? □ Yes □ No Date: __________________________
RIG Dose/Site: ________________________________________________
HDCV Dose/Site: ______________________________________________
Private Physician: ______________________________________________
Insurance: □ Blue Cross/Blue Shield □ Blue Choice □ Preferred Care □ Medicaid □ Other ______________
Plan for Follow-Up Treatment
□ Wilson Center □ Other ________________________________

Form Completed By (Name, Date & Time):
Disposition of Animal

☐ Animal Cannot Be Located
☐ Animal Died/Destroyed
☐ Animal Picked Up by Animal Control or Veterinarian - Where? ________________________________
☐ Animal Confined to Premises for 10 Days
☐ Specimen Shipped to Laboratory

Results: ☐ Positive  ☐ Negative  Date: ________________  Lab # _____________

Notes:
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4/9/2014