Monroe County Department of Public Health (MCDPH)

ANIMAL BITE/CONTACT REPORT

Form to be completed by Medical Personnel

MCDPH ONLY
Name: _____
Date____/_____/____ Time _____

MCDPH MUST BE NOTIFIED OF ALL ANIMAL BITES/CONTACT INCIDENTS

Non-Routine Exposure: Bite or contact with saliva from wildlife or domestic animal not vaccinated against rabies.
Notify MCDPH IMMEDIATELY by phone.
Business hours (8:30am-4:30pm): (585) 753-5171 **After-hours, Holidays, & Weekends**: (585) 753-5905 Email completed form to rabies@monroecounty.gov or fax to (585) 753-6014.

Routine Exposure: Bite or saliva contact from domestic animal currently vaccinated against rabies and individuals bitten by their own pet. Email completed form to rabies@monroecounty.gov or fax to (585) 753-6014.
No call is required.

PERSON/ANIMAL EXPOSED:
Name: _____ DOB: ____/____/____ Sex: ☐Male ☐Female ☐Unknown
If victim is a Minor, name of parent or legal guardian: _____
Address: _____ City: _____ Zip Code: _____
Primary Phone: (____) _____ Secondary phone: (____) _____
Email: _____

INCIDENT INFORMATION: Date of Bite/Contact: ____/____/____ Time: ____:____ ☐ AM ☐PM
Location/Address of Incident: _____
Site of bite wound: _____
Describe Incident & Exposure: _____
_____

ANIMAL INFORMATION:
Owner of Animal: _____
Address: _____ City: _____ Zip Code: _____
Phone: (____) _____ Email: _____
Species: _____ Breed: _____ ☐ Domestic ☐ Wild/Stray
Animal Name: _____ Age: _____ Vaccinated for Rabies: ☐Yes ☐ No ☐ Unknown
Vaccination Date: ____/____/____ Expiration Date: ____/____/____
Name of Veterinarian: _____ Phone: (____) _____

RABIES POST EXPOSURE RABIES PROPHYLAXIS (RPEP): Was RPEP initiated? ☐Yes ☐ No Date:____/____/____
*******Before rabies post-exposure prophylaxis treatment is initiated, medical personnel MUST call MCDPH*******
Name of MCDPH Staff Who Authorized Treatment: _____
Provider of Treatment: _____
RIG Dose/Site: _____ HDCV Dose/Site: _____

Reported By: _____ Agency: _____ Phone: (____) _____
Email: _____ Date: ____/____/____ Time: ____:____ ☐ AM ☐PM

ADDITIONAL NOTES: