



ANIMAL BITE / RABIES EXPOSURE REPORT

Confidential Information *All animal bites or other significant exposures are reportable by F.A.C. 64D-3

To Be Completed By Patient	Patient Information:			
	Name	Date of Birth	Age	Sex M F
	Address	City	State	Zip
	Home Phone	Work Phone		
	Parent/Guardian Name if Minor			
	Address of Parent/Guardian (if different)	Home Phone	Work Phone	
	Exposure Information:			
	Place of Attack (address or location)	Date	Time	
	Circumstances of Attack Provoked Unprovoked Other			
	Type of Animal (Dog, Cat, Bat, etc.)	Breed	Color	Age Sex of Animal M F
	Owner of Animal	Home Phone	Work Phone	
	Address of Animal Owner	City	State	Zip
	Has the animal been vaccinated for Rabies? Please Circle	Y	N	Unknown Veterinarian/Clinic Name
	Location of Animal (if different from owner's address)			
Comments:				
To Be Completed By Hospital Staff	Treatment Information:			
	Description of injury (For example: Bite/Scratch to Face/Hand etc.)			
	Was the wound treated? Y N	Date		
	Treated By: Patient Parent	Doctor/Nurse (Name and phone)		
	If Yes, how was the wound treated? Washed Sutured	Did the patient receive tetanus vaccine? Y N Unk		
		Did the patient receive antibiotics? Y N Unk		
Did the patient receive anti-rabies treatment? Y N	By Whom?		Telephone	
Form Completed By: (Print Name)		Telephone:		

Fax Completed Form to Escambia County Health Department, Environmental Health, (850) 595-6792

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Escambia County Health Department
1295 W. Fairfield Drive • Pensacola, Florida 32501-1107
John J. Lanza, MD, PhD, MPH, FAAP, CHD Director-Health
www.escambiahealth.com
(850) 595-6500