



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
	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
	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	*REQUIRED* Person to Notify of Animal Quarantine or Lab Result: (Print Name)			Phone
	Treatment Information:			
	Description of injury (For example: Bite/Scratch to Face/Hand etc.) <input type="checkbox"/> check if above the neck/shoulder			
	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? Phone				
Form Completed By: (Print Name)		Hospital /Facility Name		Phone

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