



ANIMAL BITE / RABIES EXPOSURE REPORT

*All animal bites or other significant exposures are reportable by F.A.C. 64D-3
 The Florida Department of Health in Sarasota County can be reached at
 941-861-2873

Patient Information				
Name	Date of Birth	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address	City	State	Zip	County
Contact Phone Number	Parent/Guardian Name (if Minor)			
Exposure Information				
Date and Time of Bite/Exposure		Place of Animal Bite/Rabies Exposure (Address or Nearest Cross street)		
Animal was provoked, (eating, injured, protecting offspring/territory, disturbed while sleeping, playing, startled)? <input type="checkbox"/> Yes <input type="checkbox"/> No Animal was unprovoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks/Description:				
Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other _____ Breed _____ Color _____ Age _____ Sex of Animal: <input type="checkbox"/> M <input type="checkbox"/> F Status: <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Unaltered <input type="checkbox"/> Unknown Health of Animal: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased				
Animal is: <input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown Animal Name _____				
If owned, by whom? <input type="checkbox"/> Self <input type="checkbox"/> Other Name of Owner _____ Contact Phone of Owner _____				
Address of Animal Owner		City	State	Zip
Has the animal been vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES give the last vaccination date ____/____/____ Tag Number _____ <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 2 Year Vaccine <input type="checkbox"/> 3 Year Vaccine Veterinarian/Clinic Name _____				
Location of Animal (if different from owner's address) <input type="checkbox"/> Unable to locate <input type="checkbox"/> Animal Confined If confined: From Date: _____ To Date: _____				
Treatment Information				
Description of injury <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____ Location of injury <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Mouth <input type="checkbox"/> Eyes <input type="checkbox"/> Check if above the neck/shoulder <input type="checkbox"/> Torso/Trunk <input type="checkbox"/> Hand/Arm <input type="checkbox"/> Leg/Foot <input type="checkbox"/> Other _____				
Date of Treatment		Treating Physician (Name & Phone Number)		
Was the wound washed/flushed at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Wound Care (Check all that apply) <input type="checkbox"/> Washed/Flushed <input type="checkbox"/> Sutured <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tetanus Vaccine <input type="checkbox"/> Antibiotics				
Anti-rabies treatment recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Anti-rabies treatment received <input type="checkbox"/> Yes <input type="checkbox"/> No If YES <input type="checkbox"/> HRIG + Vaccine <input type="checkbox"/> Vaccine ONLY If anti-rabies treatment not initiated, Why? <input type="checkbox"/> Waiting for animal lab/quarantine results <input type="checkbox"/> Referred to other facility <input type="checkbox"/> Patient Refused Reason _____				
Form Completed By (Print Name)		Hospital /Facility Name		
Phone Number		Fax Number		
Animal ID #	Kennel #	Complaint #		
Officer Name	Officer Phone Number			

Fax completed form to Sarasota County Health Department at 941-526-1534