

**ANIMAL BITE REPORT**

**\*\*SEND to RCDOH via FAX to (845) 364-2025 - Attn: RABIES (phone# 845-364-2594) or, via encrypted e-mail to [Rabies@co.rockland.ny.us](mailto:Rabies@co.rockland.ny.us)**

**PLEASE FILL OUT AS COMPLETELY AS POSSIBLE**

**DATE OF REPORT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Victim's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

If Child, Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Date & time of incident:** \_\_\_\_\_ **Location of incident:** \_\_\_\_\_

Body part injured: \_\_\_\_\_ [select one] : **BITE** **SCRATCH** **CONTACT** Was skin broken? **YES** **NO**

**Animal Species:** \_\_\_\_\_ [select one] : **OWNED** **STRAY** **WILD(FERAL)**

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/markings: \_\_\_\_\_

Was the animal vaccinated against rabies? **YES** **NO** **UNKNOWN**.....If **yes**, date of last vaccination: \_\_\_\_\_

Facility/veterinarian where vaccinated: \_\_\_\_\_ Phone #: \_\_\_\_\_

Was animal acting strangely at time of incident? **YES** **NO**...Explain: \_\_\_\_\_

Relationship to victim (own, neighbor/friend's pet, vet patient, etc.) \_\_\_\_\_

**Animal Owner's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Was Owner Informed of 10-day observation? **YES** **NO** Explain: \_\_\_\_\_

**Reporting Professional**(name & title): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Facility** (if treated): \_\_\_\_\_

Treatment/comments: \_\_\_\_\_

**Reporting Police Officer:** \_\_\_\_\_ Phone #: \_\_\_\_\_

Reporting Police Department: \_\_\_\_\_ File #: \_\_\_\_\_

**FOR ROCKLAND COUNTY DOH USE ONLY: WARNING: DO NOT EUTHANIZE DOGS OR CATS BEFORE THE 10-DAY CONFINEMENT IS OVER.**

Called in by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Received by: \_\_\_\_\_ **RPEP AUTHORIZED**  Authorized by \_\_\_\_\_

**OBSERVATION:** From \_\_\_\_\_ To \_\_\_\_\_ **Send for testing?**  ...Date \_\_\_\_\_ **SPECIMEN #:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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**RABIES EXPOSURE ASSESSMENT:**

1) Is the incident described a credible rabies exposure?

Yes

No

2) Is the animal available for observation or for testing?

Yes

No

3) Has the animal tested “positive” for or manifested signs or symptoms of rabies?

Yes

No

4) Is post-exposure prophylaxis (PEP) being released at this time?

Yes

No

No, awaiting testing or observation.

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Medical Provider :