

Rensselaer County Department of Health

STEVEN F MCLAUGHLIN
COUNTY EXECUTIVE



MARY FRAN WACHUNAS
PUBLIC HEALTH DIRECTOR

REPORT OF ANIMAL BITE/EXPOSURE

(A separate form must be completed for each person bitten/exposed)

Reporting Facility/Provider: _____ Phone # _____ Report Date: ____/____/____

Name of Person Bitten/Exposed: _____ DOB: ____/____/____

Address: _____

Parent's Name (If a Child): _____

Home #: _____ Business: _____ Cell: _____

Date of Bite/Exposure: ____/____/____

Location of Incident: _____

Description of Incident: _____

Treatment Provided: Tetanus _____ Antibiotics _____ Rabies Prophylaxis Initiated _____

ANIMAL DATA

(Complete as much information as possible)

Species: _____ Breed: _____ Sex: _____

Name of Owner: _____ Address: _____

Phone #: _____ Business: _____ Cell: _____

Animal is: Domestic Stray Wild
Status: Alive Dead Missing

SIGNATURE OF STAFF COMPLETING FORM: _____

Instructions: Bites by domestic animals that are stray/wild animals, any animals that appear ill and exposures to a bat must be reported by phone immediately (Please call 270-2655).

All other bites the facility/provider must fill out the above form completely and FAX to 270-2638 PLEASE NOTE: THE RENSSELAER COUNTY HEALTH DEPARTMENT MUST BE CONTACTED BEFORE POST-EXPOSURE TREATMENT WITH RABIES IMMUNE GLOBULIN OR RABIES VACCINE IS BEGUN @ 270-2655 or AFTER HOURS/W/E/HOLIDAYS @ 270-5252. This form can also be emailed electronically @ healthinspections@rensco.com

(Revised 3/19)