

CHIPPEWA COUNTY HEALTH DEPARTMENT

ANIMAL BITE AND RABIES EXPOSURE REPORT FORM

MEDICAL PROVIDERS: Use this form to collect critical information and as a reporting document.

ANIMAL BITES ARE REQUIRED TO BE REPORTED TO THE LOCAL HEALTH DEPARTMENT WITHIN 24 HOURS

(Please call Health Department Director if rabies exposure is suspected and prophylaxis has been or is being considered or if the biting animal is dead.)

Fax completed form to:
Chippewa County Health Department
Communicable Disease
Tel: 906-635-3577 Fax: 906-635-7081

Date of Report: _____ Time: _____

Patient Information:

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

If minor, name of parent or guardian: _____

Biting Animal Information:

Type of animal _____ Color/Breed _____

Was biting animal wild? ☐ Yes ☐ No Animal captured? ☐ Yes ☐ No

If domestic animal, is owner known? ☐ Yes ☐ No Name of animal: _____

Name of Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Name of Veterinarian: _____

Is animal vaccinated for rabies? ☐ Yes ☐ No

Incident Details and Medical Information:

Date of bite: _____ Time: _____ Was bite provoked: ☐ Yes ☐ No

Circumstances of bite: _____

Location of bite on body: _____

Treatment of wound: _____

Was patient given Rabies Immune Globulin? ☐ Yes Date Given _____ ☐ No

Was patient given Rabies Post Exposure Vaccine Given? ☐ Yes Date Given _____ ☐ No

Date of patient's last Tetanus vaccine: _____ Was Tetanus given with this visit? ☐ Yes ☐ No

Treating physician's name: _____ Facility: _____

Report completed by: _____