



DELAWARE COUNTY HEALTH DEPARTMENT

Human Exposure to Rabies Report Form

Date form completed: _____

Case # _____

PATIENT INFORMATION:

Date of Bite/Exposure: _____

Name of Victim: _____ Weight: _____ Race: _____ Sex: _____

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

Phone: (H) _____ (W) _____ (C) _____

Parent Name and Phone (if minor): _____

Victim Date of Birth: _____ Does the animal live in your household? Yes _____ No _____

TYPE OF EXPOSURE:

Bite Scratch Other: _____ Skin Broken? Yes _____ No _____ Drew Blood? Yes _____ No _____

Location of Wound(s): _____

Location and Circumstances of Incident:

Treatment Provided? Yes _____ No _____

If Yes, describe: _____ (Tetanus, Antibiotics, bandages, stitches, etc.)

Where was treatment provided? _____

Did victim receive rabies prophylaxis? Y/N

ANIMAL INFORMATION:

Location of Animal (if known): _____

Type of Animal: Dog _____ Cat _____ Other: _____ Description: Breed: _____ Color: _____

Sex: M _____ F _____ Unknown _____ Is the animal a stray: Yes _____ No _____ Unknown _____

Animal's Name (or kennel #) _____

Is the animal licensed in Delaware County: Yes _____ No _____ Unknown _____ If Yes, Tag # and Year: _____

Rabies Vaccination Current? Yes _____ No _____ Unknown _____ Date of Rabies Vaccination: _____

Veterinary Information where animal is cared for: _____

Has the animal been in Quarantine? Yes _____ No _____ Unknown _____

Location of quarantine: _____

ANIMAL OWNER INFORMATION (If known):

Name of Owner: _____ Phone: (H) _____ (W) _____

Owner Address: _____ City/St: _____ Zip: _____

REPORTING PARTY INFORMATION:

Reported by: _____

Clinic Name: _____

Exposure MUST be reported by telephone or FAX within 24 hours
FAX 484-577-3277 Phone: 484-276-2100