



COMMUNITY HEALTH DIVISION | DISEASE PREVENTION

Animal Bite Reporting Form for Suspected Rabies Exposure

REPORTER INFORMATION

Report date: _____ Reported by: _____

Phone: _____ Email: _____

Reporting organization: _____ Hospital Vet Other: _____

ANIMAL INFORMATION

Animal status: Domestic Stray Wild Type of animal: _____

Description: _____

Animal health at the time of exposure: Healthy Shaking/Seizures Injured/Ill: _____

Animal is currently: Alive Dead Unknown

Animal's vaccine status: Vaccinated, date of vaccine: _____ Unvaccinated or unknown

Records available: Yes, name of vet clinic: _____ *Please attach vaccine records here.*
 No

Animal owner's name, if applicable: _____ Owner's phone: _____

EXPOSURE INFORMATION

Name of person(s) exposed: _____ Phone: _____

Home address of person exposed: _____
City State Zip

Date of exposure: _____

Physical location of exposure: _____
City State Zip

Location of exposure (hand, arm, face, etc.): _____

Exposure type: Bite Saliva Scratch Other

Describe incident details:

If completing this form by hand, please submit it along with rabies vaccination records to:

Whitman County Public Health | Disease Prevention

Email: DiseasePrevention@whitmancounty.gov | Fax: 509-397-6239