



Animal Bite / Exposure Reporting Form

Reported by: Date:

Animal

Domestic	Wild	The animal is...
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Wolf hybrid <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Bat <input type="checkbox"/> Skunk <input type="checkbox"/> Raccoon <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Fox <input type="checkbox"/> Rodent <input type="checkbox"/> Owned <input type="checkbox"/> Stray/feral <input type="checkbox"/> Unknown
		<input type="checkbox"/> Alive and in quarantine <input type="checkbox"/> Waiting to be tested <input type="checkbox"/> Euthanized <input type="checkbox"/> Location unknown

If animal has not been quarantined, why not?

Description of animal (breed, color, sex):

Is the animal currently vaccinated? Yes No Unknown Date of last vaccination:

Date of bite: Time of bite (if known):

Geographic location where bite occurred:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Circumstances of bite:

Animal Control Office (if reported):

Animal Control Officer: Phone:

Patient

First Name: Last Name:

Address: County:

City: ZIP code:

Sex	Ethnicity	Race	Phone:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown	<input type="text"/> Patient ID/MR #: <input type="text"/> DOB: <input type="text"/>
		<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race	

Owner

First Name: Last Name:

Address: Phone:

City: ZIP code: County:

Physician

Physician Name: Phone:

Name/Address of Practice:

Has rabies PEP started? Yes No Unknown Has the Local Health Dept recommended rabies PEP? Yes No Unknown

Please fax to the relevant local public health agency or animal control office.
If the contact info for the relevant agency is not known, please fax to CDPHE at 303-782-0338.