

Monroe County Department of Health

Animal Contact Incident Report - 1 Patient Per Form
To be Completed by Health Care Provider; Not Patient

DOH 485# _____

***Notify MCDOH of All Animal Bites / Contact incidents ***

Fax Report to 753-6014

Non-Routine Exposures: Bite or Contact with Saliva From Wildlife or Domestic Animal Not Vaccinated Against Rabies.

Notify Immediately by Phone: 753-5171 Weekdays (8:30 a.m. - 4:30 p.m.), 753-5905 after-hours & weekends

Routine Exposures: Bite or Saliva Contact From Domestic Animal Currently Vaccinated Against Rabies and Individuals Bitten by Their Own Pet. Fax Report to 753-6014.

Patient/Victim Information

Patient's Name: _____ DOB: _____ Male Female

Address: _____

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

Parent Name (If Pt<18): _____

County of Incident: _____ Reported By: _____ Phone: _____

Incident Information

Date of Bite/Contact: _____ Time: _____ a.m. or p.m. (Circle 1)

Describe the Incident and Exposure: _____

Site of Bite Wound _____

Animal Information

Owner of Animal: _____ Phone: _____

Address: _____

Species: _____ Breed: _____ Domestic Wild/Stray

Vaccinated for Rabies: Yes No Unknown Animal Name: _____ Age: _____

Vaccination Date: _____ Exp. _____

Veterinarian: _____ Phone: _____

Was Bite/Scratch Provoked? Yes No

Animal Behavior: Normal Aggressive Sick Appearance

Post Exposure Rabies Prophylaxis Initiated? Yes No Date: _____

RIG Dose/Site: _____

HDCV Dose/Site: _____

Private Physician: _____

Insurance: Blue Cross/Blue Shield Blue Choice Preferred Care Medicaid Other _____

Plan for Follow-Up Treatment

Wilson Center Other _____

Form Completed By (Name, Date & Time): _____

