

BUCKS COUNTY DEPARTMENT OF HEALTH
Neshaminy Manor Center, Health Building
1282 Almshouse Road, Doylestown, Pa. 18901
RABIES SURVEILLANCE ANIMAL BITE AND/OR EXPOSURE REPORT FORM

Municipality where Animal Owner resides: _____
Borough/Township _____ State _____ Zip _____

Date Reported _____ Date entered into Garrison _____ Date of Incident _____

Person/Agency Completing this Form _____ Telephone # _____

Type of Exposure : Bite Scratch Handling Trauma Other: _____

Part of Body Injured Skin Broken: _____ Yes No Unknown

Name of Person(s) Exposed _____ Age(s) _____

Address _____ Telephone # _____
PO Box/Street _____ City/Town _____ State _____ Zip _____

Treatment _____ Attending Physician _____

Exposed Person's Physician _____ Telephone # _____

Animal Owner Name _____ Telephone # _____

Animal Owner's Address _____
PO Box/Street _____ City/Town _____ State _____ Zip _____

Type of Animal _____ Wild Domestic Stray Breed _____

Description/Color _____ Age _____ Sex _____

Status of Animal at the Time of the Incident Well Sick

Does animal (dog/cat) have a current rabies immunization within the last 12 mo.? YES NO Date _____

Name of Veterinarian _____ Telephone # _____

Address _____
PO Box/Street _____ City/Town _____ State _____ Zip _____

Circumstances of Biting Incident and Location _____

PO Box/Street _____ City/Town _____ State _____ Zip _____

Present Status of Animal: Alive Dead Euthanized Unknown Date _____

Location of Quarantined Animal _____ Date _____

Date Released Status of Animal: _____ Well Sick

Laboratory Analysis Required: YES NO Date of Analysis _____

Laboratory Results _____ Laboratory Conducting Test _____

MEMO ON CASE FOLLOW-UP:

Date and time of following calls: _____

Date closed in Garrison: _____