Pt #: _____ OCHD Log #: _____

ONEIDA COUNTY HEALTH DEPARTMENT

Animal Bite/ Rabies Report Form

800 Park Ave, Utica, New York 13501

Phone: 315-798-5064 (24 hours) - Fax: 315-798-6486

Date Reported / Referred: _____ By: _____ Phone: _____

Date Received : By:

Medical personnel must call the Oneida County Health Department at (315) 798-5064 for pre-approval of all post-exposure rabies prophylaxis.

PERSON EXPOSED INFORMATION

Name: _____ DOB: _____ Gender: ☐ M ☐ F Parents' Name(s) (if child): _____

Mailing Address:

Number & Street: _____ City, State, Zip _____

Home Phone: _____ Work / Mobile Phone: _____ Other Phone: _____

Skin Broken? ☐ Y ☐ N Bite or Scratch? _____ Site of Wound: _____ Treatment: Place: _____

BITING OR SUSPECT RABID ANIMAL INFORMATION

Type of Animal: _____ Township: _____

Name of Animal: _____ Breed: _____ Color: _____ Gender: ☐ M ☐ F Age: _____

Owner's Name: _____ Phone: _____

Mailing Address:

Number & Street: _____ City, State, Zip: _____

Rabies Vaccination: ☐ Y ☐ N Date Given: _____ Vaccination Duration: ☐ 1 Yr ☐ 3 Yr Tag/ID#: _____

Place Vaccination Given: Verified By:

PET EXPOSED TO SUSPECT RABID ANIMAL INFORMATION

Type of Animal: _____ Township: _____

Name of Animal: _____ Breed: _____ Color: _____ Gender: ☐ M ☐ F Age: _____

Owner's Name: _____ Phone: _____

Mailing Address:

Number & Street: _____ City, State, Zip: _____

Rabies Vaccination: ☐ Y ☐ N Date Given: _____ Vaccination Duration: ☐ 1 Yr ☐ 3 Yr Tag/ID#: _____

Place Vaccination Given: Verified By:

Location of Incident / Exposure _____ Date: _____ Time: _____ ☐ AM ☐ PM

Circumstances of Incident:

Notes / Comments:

Post-Exposure Initiated? ☐ Y ☐ N Date: Hospital / Health Ins. Provider Wt.

Has patient previously been treated for Rabies (pre/post) ☐ Y ☐ N If so, what year?

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Animal Bite/ Rabies Report Form Additional Information Page