

Pt #:

ONEIDA COUNTY HEALTH DEPARTMENT

OCHD Log #:

Animal Bite/ Rabies Report Form

185 Genesee Street – 4th Floor, Utica, New York 13501

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



Date Reported / Referred:	By:	Phone:
Date Received :	By:	

<u>PERSON EXPOSED INFORMATION</u>				
Name:	DOB:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Parents' Name(s) (if child):
<i>Mailing Address:</i>				
Number & Street:		City, State, Zip		
Home Phone:	Work / Mobile Phone:	Other Phone:		
Skin Broken? <input type="checkbox"/> Y <input type="checkbox"/> N	Bite or Scratch?	Site of Wound:	Treatment: Place:	
Rabies Post-Exposure Initiated? <input type="checkbox"/> Y <input type="checkbox"/> N	Date:	Hospital Health Ins. Provider	Wt.	
Has patient previously been treated for Rabies (pre/post) <input type="checkbox"/> Y <input type="checkbox"/> N		If so, what year?		

<u>BITING OR SUSPECT RABID ANIMAL INFORMATION</u>				
Type of Animal:	Breed:		Color:	Township:
Name of Animal:	Breed:	Color:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F Age:
Owner's Name:	Phone:			
<i>Mailing Address:</i>				
Number & Street:		City, State, Zip:		
Rabies Vaccination: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Given:	Vaccination Duration:	<input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr	Tag/ID#:
Place Vaccination Given:			Verified By:	

<u>PET EXPOSED TO SUSPECT RABID ANIMAL INFORMATION</u>				
Type of Animal:	Breed:		Color:	Township:
Name of Animal:	Breed:	Color:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F Age:
Owner's Name:	Phone:			
<i>Mailing Address:</i>				
Number & Street:		City, State, Zip:		
Rabies Vaccination: <input type="checkbox"/> Y <input type="checkbox"/> N	Date Given:	Vaccination Duration:	<input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr	Tag/ID#:
Place Vaccination Given:			Verified By:	

Location of Incident / Exposure	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
<i>Circumstances of Incident:</i>			

<u>Notes / Comments:</u>
