ANIMAL EXPOSURE REPORT

Hamilton County Health Department, Office of Environmental Health

Fax this form to (423) 209-8111 or e-mail *with encryption* to EHRabiesProgram@hamiltontn.gov

This form should be used for reporting animal bites and other potential rabies exposures from domestic and wildlife animals such as: dog, cat, skunk, fox, raccoon, coyote, bobcat & bats

PERSON OR AGENCY REPORTING _____ DATE _____

EXPOSURE (VICTIM) INFORMATION

Date of Exposure _____ Area of Body Exposed _____

Name of Exposed Person (Victim)_____

Date of Birth _____ Age_____ Phone_____

Parent/Guardian (if applicable) _____

Victim Address_____

Address or Location where bite occurred: _____

OWNER & ANIMAL INFORMATION

Owner of Animal Name _____ Phone_____

Owner Address _____

Type of animal_____ Breed _____ M F

Animal's Name_____ Animal's condition_____

Animal Description: Size: S M L XL Color(s) _____

Animal's Current Location: _____

Does the animal have a current rabies vaccination? No Yes Tag#_____

Veterinarian _____ Phone # _____

Was bite provoked? _____ Any additional Information and/or circumstances surrounding bite/exposure: _____

Please fill out this form as legibly and as completely as you can. Call with any questions 8am-4pm M-F