

JEFFERSON COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
1400 SIXTH AVENUE SOUTH
TELEPHONE: 930-1230
FAX NUMBER: 939-3019

RABIES EXPOSURE REPORT

PLEASE REPORT IMMEDIATELY UPON OCCURRENCE

Date Reported: _____ Reported by: _____

Name of Person Exposed: _____ Birthdate: _____

Parent's Name (if minor): _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

*Part of Body Bitten or How Otherwise Exposed: _____

Date Exposed: _____ Date Treated: _____

Was Victim Hospitalized? Yes / No Facility: _____

Physician's Name: _____ Phone: _____

(The exposure must be determined and reported by a licensed physician.
See below.* & **)

**Type of Animal Involved:

Dog () Cat () Other (Specify) () _____

Breed: _____ Color: _____ Age: _____

Short hair () Long hair () Size: SM () MED () LG ()

Owner of Animal: _____

Address: _____

Home Phone No.: _____ Work Phone No.: _____

Place of Employment: _____

Place of Quarantine: _____ Phone: _____

*The term "has been exposed" means seized with the teeth or claws, so that the skin of the person or animal seized has been nipped or gripped, or has been wounded or pierced and includes suspected or confirmed contact of saliva with a break or abrasion of the skin or with any mucous membrane, as determined by a licensed physician.

**Reportable animals includes but is not limited to dogs, cats, and all pets of exotic wildlife such as skunks, raccoons, ocelots, foxes, ferrets, etc., that are capable of having and transmitting rabies.