



Animal Bite / Exposure Reporting Form

Reported by: Date:

Animal

Domestic > Dog Cat Wolf hybrid Other:

Wild > Bat Skunk Raccoon Fox Rodent Other:

Owned Stray/Feral Unknown

Alive and in quarantine Waiting to be tested

Euthanized Location unknown

If animal has not been quarantined, why not?

Description of animal (breed, color, sex):

Is the animal currently vaccinated? Yes No Unknown Date of last vaccination:

Geographic location where bite occurred:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Circumstances of bite:

Animal Control Office (if reported):

Animal Control Officer: Contact Phone:

Patient

First Name: Last Name: Phone:

Address: County:

City: ZIP code: Patient I.D./MR #:

Sex: Male Female | Ethnicity: Hispanic Non Hispanic Unknown DOB:

Race: White Black Asian Am. Indian/Alaskan Native Pacific/Hawaiian Multi-Racial Other Unknown

Owner

First Name: Last Name:

Address: Phone:

City: ZIP code: County:

Physician

Physician Name: Phone:

Name/Address of Practice:

Has Rabies PEP started? Yes No Unknown

Has the Local Health Dept. recommended rabies PEP? Yes No Unknown

Please fax to the relevant local public health agency or animal control office.
If the contact info for the relevant agency is not known, please fax to CDPHE at 303-782-0338.