

Animal Bite / Exposure Report

Rab-1

Reporting Agency/ Name of Reporter:	
Phone Number:	

Name of Victim:			
Date of Birth:		Weight:	lbs kg
Legal Guardian:			
Daytime Phone Number:		Cell Number:	
Physical Address:			
Mailing Address:			
Date of Bite / Exposure:			

Name of Animal Owner:		Email:	
Daytime Phone Number:		Cell Number:	
Physical Address:			
Mailing Address:			

Animal Involved:	Species:	Breed:	Name:
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Nature of Wound:	Bite:	Scratch:	Proximity:	Handling:
Severity of Wound:	Abrasion:	Laceration:	Bruise:	Puncture:
Location of Wound:	Arm: Left:	Leg: Left:	Thigh: Left:	Face:
	Right:	Right:	Right:	Neck:
	Hand: Left:	Torso:	Buttocks:	Abdomen:
	Right:			

Treatment:	
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Was rabies vaccine or RIG administered to patient?: Yes: No:

Further Details (animal cannot be located, animal provoked, animal deceased):	
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Fax to 807-468-3914
Attention: Public Health Inspector
After Hours – Phone: 807-468-7109



May 2023

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