

HUMAN EXPOSED



ANIMAL BITE REPORT and RABIES INVESTIGATION (Bite, Scratch, Saliva in wound or mucous membrane)

Reporting entity must complete all fields. Grayed fields are for FDOH-Hillsborough use only

Date Reported:		Initial report received by:		1a. HD Case Number:		1b. AC Case Number:	
2. Name (Last, First):				3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age: DOB:	
5. Telephone:				Alternative Phone:			
6. Address (No. & Street):		City		State		Zip	
7. Name of Parent/Guardian (if victim is minor):		8. Address (if different than above)		9. Source of Information (person or office): Phone:			
10. Place of Incident (street or yard @ address):		12. Describe circumstances of incident: <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> K-9 (Police Dog)				11. Date and Time of Incident:	
13. Owner Name (last, first):				Telephone:			
14. Address (No. and Street)		City:		State:		Zip:	
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		<input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild		16. License Number/Agency:			
17. Animal's Name:		Predominant Breed:		Color/Markings:		Age:	
						Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown				19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated		Veterinarian:		Date Vaccinated:		Tag Number:	
						<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year	
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined/Quarantined <input type="checkbox"/> Deceased				22. If the animal died, cause of death? <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:			
23. Quarantine Location:				24. If quarantined at home, has a Home Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Veterinarian: <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				26. Head examination is: <input type="checkbox"/> Requested (needs approval) <input type="checkbox"/> Not warranted			
27. Additional comments:							

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