

ANIMAL TO HUMAN EXPOSURE REPORT

CHESAPEAKE ANIMAL CONTROL
3807 COOK BLVD
CHES VA 23323
382-8080 FAX 485-7319

CHESAPEAKE HEALTH DEPT.
748 N BATTLEFIELD BLVD
CHES VA 23320
382-8672 FAX 382-8713

VICTIM

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ CELL _____

AGE: _____ RACE: _____ SEX: _____

PARENT/GUARDIAN: _____

DATE OF EXPOSURE: _____ TYPE OF EXPOSURE _____ PART OF BODY EXPOSED _____

ADDRESS WHERE EXPOSURE OCCURRED: _____

CIRCUMSTANCES SURROUNDING EXPOSURE: _____

TYPE OF TREATMENT & PROVIDING FACILITY: _____

ANIMAL OWNER

WAS THIS ANIMAL BITTEN BY PROVEN OR SUSPECTED RABID ANIMAL? _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ CELL _____

SPECIES _____ BREED _____ COLOR _____ NAME _____ SEX _____ AGE _____

RABIES# EXP _____ LIC# _____ CHARGES _____ COURT DATE _____

LOCATION OF QUARANTINE: _____

ANIMAL QUARANTINED _____ ANIMAL SUBMITTED FOR TESTING _____

QUARANTINE PER: _____ NO TEST PER _____
HEALTH DEPT. HEALTH DEPT.

SIGNATURE OF PERSON COMPLETING REPORT

PRINT NAME