

MONTEREY COUNTY HEALTH DEPARTMENT
ANIMAL SERVICES DIVISION



REPORT OF RABIES EXPOSURE/ANIMAL BITE

**THIS FORM MUST BE FILLED OUT COMPLETELY BY THE
HEALTH CARE ATTENDANT!**

Date of Exposure/Bite: _____

VICTIM INFORMATION

Victim Name: _____ Age: _____

** If a minor, Parent(s) Name: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Other #: _____

Reported By: _____ Primary Phone # _____

EXPOSURE TYPE: Bite () Scratch () **WAS THE SKIN BROKEN?** () Yes () No

Address Incident Occurred: _____ Time: _____

Describe *Body Location* of Injury: _____ Bleeding? () Yes () No

Immediate Treatment?: Yes () No () Date & Type: _____

Professional Treatment?: Yes () No () Date and Time: _____

Clinic/Hospital: _____ Phone Number: _____

ANIMAL INFORMATION (*Required for evaluation of rabies exposure*)

DOG { } CAT { } OTHER TYPE OF ANIMAL: _____

Breed: _____ Color/Markings: _____

Name of animal: _____ Sex: M () F () Age: _____

Owners Name: _____

Physical Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Other #: _____

CIRCUMSTANCE: Unprovoked () Playful () Vicious () Sick/Injured () Provoked ()

Please explain how the bite/scratch occurred (behavior of animal, victim's actions, etc):

❖ Signature of Health Care Attendant: _____

PLEASE FAX COMPLETED FORM TO: 831-769-8865