

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-Gulf 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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