

**SUSPECTED RABIES
EXPOSURE NOTIFICATION
FORM**

RICHMOND CITY
HEALTH DISTRICT

HENRICO COUNTY
HEALTH DISTRICT

Report date: _____ Medical facility: _____ Chart #: _____

Exposure Information

Incident date: _____ Incident location address: _____

Exposing animal type: ☐ Pet ☐ Farm Animal ☐ Stray ☐ Wild

Additional animal details: _____

Rabies vaccination status of animal: ☐ Yes ☐ No ☐ N/A State: _____ Date: _____ Exp. Date: _____

Type of exposure: ☐ Bite ☐ Scratch ☐ Other: _____

Location of exposure on body: _____

Severity/description of exposure: _____

Owner's full name: _____ ☐ Unknown ☐ N/A

Owner's phone: (Primary) _____ (Secondary) _____

Owner's address: _____

City: _____ State: _____ Zip: _____

Confinement date: _____ Release date: _____

Confinement location: _____ ☐ Same as above ☐ N/A ☐ Sent to lab

Victim Information – Person (If Applicable)

Is the victim the owner of the animal? ☐ YES ☐ NO (If yes, you do not need to complete the remainder of this section)

Did victim receive rabies vaccine? ☐ Yes ☐ No

Full name: _____ D.O.B.: _____ Sex: ☐ M ☐ F

Parent(s) name (If victim is under 18 y/o): _____

Phone: (Primary) _____ (Secondary) _____

Address: _____

City: _____ State: _____ Zip: _____

Victim Information – Animal (If Applicable)

Animal type: ☐ Pet ☐ Farm Animal ☐ Stray ☐ Wild

Additional animal details: _____

Rabies vaccination status of animal: ☐ Yes ☐ No ☐ N/A State: _____ Date: _____ Exp. Date: _____

Veterinary Clinic: _____ Verified by: _____ Date verified: _____

Confinement date: _____ Release date: _____

Confinement location: _____ ☐ Same as above ☐ N/A

NOTES: _____

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In accordance with the Health Laws of Virginia, Sec. 3.2-6522, by signing this notice the owner agrees to confine his/her animal for the specified period of time. The owner further agrees to notify the Health Department/Animal Control if the animal changes character/personality, becomes sick, dies, or escapes during the confinement period by calling: Richmond Animal Care & Control at 804-646-5573

Investigated by: _____ (Initials) _____ Owner: _____

1. RABIES IS 100% FATAL. THIS IS THE REASON FOR YOUR COMPLETE COOPERATION
2. PROPER CONFINEMENT means the animal must be kept under the direct control of a responsible adult by confining in a building, pen, or by other suitable escape-proof method.
3. Animal must remain securely confined and cannot be taken off premises without consent of the Director of Public Health or their representative.

Please send fax to Richmond City Health District – Environmental Health
Holidays, weekends and after hours, notification can be made to:
Richmond Animal Care & Control: Phone 804-646-5573 (press option 1) FAX: 804-646-5586

NOTE: If the incident did not happen in the City of Richmond, please send this completed form to the locality where the exposure occurred.