

ANIMAL EXPOSURE REPORT

Virginia Department of Health - Pittsylvania-Danville & Southside Health District

Pittsylvania Co. HD Fax: 434-432-7235 / Danville City HD Fax: 434-799-5022 / Halifax Co. HD Fax: 434-476-4869 / Mecklenburg Co. HD Fax: 434-738-6295 / Brunswick Co. HD Fax: 434-848-2235

Part 1 – Exposure

Date and Time of Exposure: _____

Address where exposure occurred: Street: _____ City: _____

State: _____ ZIP CODE: _____ Notes: _____

Reported By: Medical Facility Animal Control Police Animal Shelter Other: _____

Reported by contact Name: _____ Reported by contact Phone: _____

Part 2 – Victim

HUMAN (Complete Section A)

ANIMAL (Complete Section B)

Section A – Human Victim

Name of Person Exposed: _____

Address: _____ City: _____ ZIP CODE: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian (if Victim is under 18): _____

Type of Exposure: Bite Scratch Other: _____ Body Location of Exposure: _____

Treated? Yes No Treatment Location/Facility: _____

Treatment Type: First Aid ER Urgent Care Post Exposure (Start Date _____) Other: _____

Section B – Animal Victim

Species: Dog Cat Bat Raccoon Skunk Fox Opossum Other: _____

Status of animal victim: _____

Weight: _____ Age: _____ Sex: _____ Color/Markings: _____ Name: _____

Rabies Certificate: Yes No State: _____ Date: _____ Tag #: _____ Exp. Date: _____

Vet Clinic: _____ Verified By: _____ Date Verified: _____

Owner/Custodian: _____ Phone Number(s): _____

Address: _____ City: _____ ZIP CODE: _____

Part 3 – Exposing Animal

Type of Animal

Domestic

Stray

Livestock

Wild

Other: _____

Species: Dog Cat Bat Raccoon Skunk Fox Opossum Other: _____

Was exposing animal provoked? Yes No

Weight: _____ Age: _____ Sex: _____ Color/Markings: _____ Name: _____

Rabies Certificate: Yes No State: _____ Date: _____ Tag #: _____ Exp. Date: _____

Vet Clinic: _____ Verified By: _____ Date Verified: _____

Owner/Custodian: _____ Phone Number(s): _____

Address: _____ City: _____ ZIP CODE: _____

NOTES: