

ANIMAL EXPOSURE REPORT

Norfolk Public Health Department, 830 Southampton Ave, Norfolk, VA 23510

Fax all reports to Environmental Health **757-683-2394**. For inquiries, call 757-683-2712.

Exposure Date: date.		Date of Report: date.		Report taken by: Click to enter text.	
Facility Name: Click here to enter text.				Case Number: Click here to enter text.	
Animal (circle):	DOG	CAT	OTHER	Unknown	IF OTHER, SPECIFY ANIMAL: Fox, Opossum, Raccoon, Squirrel, Bat, etc:
Sex	Male	Female		Unknown	ANIMAL NAME:
Age	<4 mos	4-12 ms	>1yr	Unknown	BREED:
Coat	Short	Medium	Long	Unknown	COLOR:
Ears	Floppy	Upright	Cropped	Unknown	
Tail	Short	Long	Docked	Unknown	
Rabies Tag Information	No	Yes	Unk	Rabies Vaccination Date: ____/____/____	
				Rabies Vaccination Expiration Date: ____/____/____	

Exposure Address: Click here to enter text.	Planning District:
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OWNER'S INFORMATION

Last Name, First name MI

Address/City/State/zip Phone:

PERSON EXPOSED

Last Name First Name Sex: M F Unk

Address: D OB: Age:

Home ph: Cell Parents/Guardian (if under 18)

Type of exposure: BITE SCRATCH UNK Body Location:

Immune Globulin/Rabies Vaccine given: YES NO Medical Facility

Events leading to exposure / Remarks: (use separate sheet of paper for additional information)

NORFOLK PUBLIC HEALTH USE ONLY

Investigated by: _____ Date case assigned: _____ Animal testing needed: Yes / No