



ANIMAL EXPOSURE INCIDENT REPORT



CHD # _____ CAS Case # _____ Animal Ref # _____

IMMEDIATELY FAX reports to the Chesapeake Health Department: **FAX 757-382-8713**
For URGENT consultations regarding exposures to suspicious animal or exposures to the head, face, or neck PHONE: During office hours: CHD: 757-382-8672 or CASU: 757-382-8081 & After Hours, Weekends and Holidays: Police Department at 757-382-6161.

PLEASE PRINT CLEARLY

TYPE OF REPORT: Animal to Human Animal to Animal

INCIDENT DETAILS: Date of exposure _____ Medical Record Number _____

Type of exposure bite scratch saliva handling other: _____

Part of body exposed: _____ Circumstances leading to exposure: _____

Address where exposure occurred _____

VICTIM INFORMATION

First name: _____ Last name: _____ MI: _____

DOB: _____ Age: _____ Gender: Female Male

Address: Street _____ City _____ State _____ Zip code _____

Phone number: _____ IF victim is a minor:

Parent/Guardian Name _____

Parent Address _____

Parent/Guardian Phone number: _____

Victim relationship to animal owner _____

ANIMAL OWNER INFORMATION

Name of owner: _____ same as victim

Address (street, city, state, zip code): _____

Phone number: _____

PLEASE COMPLETE REPORT ON THE BACK OF THIS PAGE

SOURCE ANIMAL INFORMATION (Animal that caused the exposure)

DOMESTIC: dog cat other: _____ HYBRID: Species _____

Animal description: Name: _____ Breed: _____ Color: _____

Gender: _____ Eye color: _____ Age: _____

Rabies#: _____ Exp date: _____ City license #: _____ Charges: _____ Court date: _____

Type of confinement: 10 day 45 day strict isolation Confinement date: _____

Location of confinement: Owner's CASU CHS Other _____

Name of Veterinarian Clinic: _____

STRAY: dog cat other: _____ Description: Breed: _____ Color: _____

Current location of animal or additional information to help locate the animal: _____

Was the animal located: NO YES Confined: NO YES Tested: NO YES Date: _____

WILD ANIMAL: Species _____ Available for testing: NO YES

Tested: NO YES Date Tested: _____ Results: _____

Signature of person completing form _____ Print Name _____

CONFINEMENT AND OBSERVATION WILL ROUTINELY OCCUR AT THE OWNER'S RESIDENCE BY AN ANIMAL CONTROL OFFICER.

§ 18.2-313.1. Withholding information about possibly rabid animal; penalty.

It shall be unlawful for any person to (i) knowingly withhold information from, or knowingly give false information to, any lawfully authorized governmental agent which would reasonably lead to the discovery or location and capture of any animal reasonably identifiable as one that has potentially exposed a human being to rabies; (ii) upon the request of an animal control officer, a law-enforcement officer, or an official of the Department of Health, willfully fail to grant access to any animal owned, harbored, or kept by that person that is suspected of having caused a rabies exposure to a human being; or (iii) upon notice by an animal control officer, a law-enforcement officer, or an official of the Department of Health, willfully fail to comply with a confinement, isolation, or quarantine order.

Any person violating the provisions of this section shall be guilty of a Class 2 misdemeanor.