

FROM: _____
DATE: _____

ANIMAL BITE RABIES EXPOSURE RECORD

For Notification to Greene County Public Health by the Provider of Care

Complete and Forward to: Greene County Public Health
411 Main Street Suite 300
Catskill, NY 12414
Phone: (518)719-3600
Fax: (518)719-3799

Name of Trooper/Police, if Notified: _____

Place of Treatment: _____

Date & Time of Treatment: _____

DATA ON PERSON BITTEN / EXPOSED

Name: _____ Township: _____

Date of Birth: _____ Address where Bite Occurred: _____

Address: _____

Telephone #: _____

Date Bitten, Scratched, or Exposed: _____

Part of Body Affected: _____

Has the person bitten ever had a Rabies Pre/Post-exposure Immunization: _____

ANIMAL DATA

Is Animal Wild: _____ Domestic Breed: _____

Species: _____ Pet Name: _____ Age: _____ Sex: _____

Any Domestic Animals Exposed: YES NO

If Yes Animal type: _____

Animal tested: Yes NO Lab ID: _____

Testing results: _____

Specimen submission date: _____

Owner's Name: _____

Address: _____

Mailing Address: _____

Telephone: _____

Veterinarian: _____

Is the Animal Actively Immunized Against Rabies:

YES Date of shot: _____ NO

ADULT RESPONSIBLE FOR ANIMAL

Has the Person Been Notified: _____

Is the Animal to be Confined Ten Days Post Bite? _____

If the Animal is Not Actively Immunized, will Responsible Adult get the Animal Immunized after this Ten Day Period? _____