

VICTIM INFORMATION

Name of Victim: _____ Birth Date: _____ Age: _____ Sex: _____
Address: _____ City: _____ State: _____ ZIP: _____
Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

HEALTHCARE INFORMATION

Healthcare Provider Consulted: _____
Telephone: _____ Fax: _____ Email: _____
Description/Anatomical Site of Exposure(s): _____

EXPOSURE INCIDENT INFORMATION

Date of Exposure: _____ Address of Exposure: _____
Exposure Type: Bite Non-Bite (Saliva or Nervous Tissue Exposure) Non-Bite (Scratch or Abrasion) None
Persons Exposed to Animal: Victim Owner Reporting Officer DVM/Staff Other Animals None

DESCRIPTION OF INCIDENT/COMMENTS

ANIMAL OWNER INFORMATION

Animal Owner: _____ Relationship to Victim: _____
Address: _____ City: _____ State: _____ ZIP: _____
Telephone: Home: _____ Work: _____ Cell: _____ Email: _____

ANIMAL INFORMATION

Species: _____ Breed: _____ Color/Description: _____
Age: _____ Sex: _____ Intact? Yes No Owned Pet? Yes No Unknown Origin: _____
Date of Last Rabies Vaccination: Known _____ Unknown No Vaccine Available for Species
Veterinarian/Veterinary Facility: _____ Phone: _____ Fax: _____
Was animal injured at time of exposure? Yes No Did animal appear sick at time of exposure? Yes No
Was bite provoked? Yes No If yes to previous, explain: _____
Status of Animal: Alive – 10 Day Isolation Alive – 45 Day Observation Alive – 6 Month Quarantine
Location of Isolation/Observation/Quarantine: _____ Begin Date: _____ End Date: _____
Deceased Date Deceased: _____ Euthanized? Date Euthanized: _____ Unknown (reason): _____
Cause of Death/Euthanasia: _____ Submitted for Rabies Testing? Yes No Submittal Date: _____

REPORTING OFFICER INFORMATION

Reported By: _____ Department: _____ Date of Report: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____ E-mail: _____

Johnson County Department of Health and Environment Information Only:

Date Received: _____ Case Number: _____ Epitrax Number: _____ Status: _____
Date Investigation Began: _____ Date Investigation Completed: _____ Investigator Name: _____