

**VICTIM INFORMATION**

Name of Victim: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Race:  American Indian/ Alaska Native  Asian  Black/African American  Hispanic/Latino

Native Hawaiian/Pacific Islander  White/Caucasian  Other  Unknown

Received tetanus vaccine in the past 5 years?  Yes  No  Unknown

Previously completed a Rabies Vaccine series?  Yes  No  Unknown

**HEALTHCARE INFORMATION**

Healthcare Provider Consulted: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**EXPOSURE INCIDENT INFORMATION**

Date of Exposure: \_\_\_\_\_ Address of Exposure: \_\_\_\_\_

Exposure Type:  Bite  Non-Bite (Saliva or Nervous Tissue Exposure)  Scratch/Abrasion  None

Description/Anatomical Site of Exposure(s): \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

**ANIMAL OWNER INFORMATION**

Animal Owner: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**ANIMAL INFORMATION**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/description: \_\_\_\_\_

Owned pet?  Yes  No  Unknown

Date of Last Rabies Vaccination:  N/A

Unknown  Known; \_\_\_\_\_

Bite Provoked:  No  Yes

Reported to Local ACO:  No  Yes

ACO/Police Department: \_\_\_\_\_

**TREATMENT INFORMATION**

Treatment:  None  Cleaning  Sutures

Surgery  Tetanus

Antibiotics; \_\_\_\_\_

**POST-EXPOSURE PROPHYLAXIS (PEP)**

Rabies PEP Recommended?  Yes  No

If yes, by:  JCDHE  KDHE  Provider

Other; \_\_\_\_\_

Refused rabies PEP?  Yes  No  Unknown

Started rabies PEP?  Yes  No  Unknown

If yes, facility: \_\_\_\_\_

Completed series?  Yes  No  Unknown

Dates vaccines given:

HRIG: \_\_\_\_\_ #1: \_\_\_\_\_,

#2: \_\_\_\_\_, #3: \_\_\_\_\_,

#4: \_\_\_\_\_, #5 \_\_\_\_\_

**Health & Environment RABIES EXPOSURE – DETAILED INFORMATION FORM**

**ANIMAL DISPOSITION (PLEASE FILL OUT FRONT BEFORE COMPLETING THIS SIDE)**

- Euthanized, submitted for testing  
Submitted by: \_\_\_\_\_  
Date submitted: \_\_\_\_\_
  
- 10 Day Isolation (Animal Bites a Person)  
Location of Isolation:  
 Owner’s Home  
 Veterinary Office \_\_\_\_\_  
 Animal Shelter  
Isolation Start Date: \_\_\_\_\_  
Isolation End Date: \_\_\_\_\_  
Released by: \_\_\_\_\_  
Did the animal survive?  
 Yes  
 No  
If no, was specimen submitted for testing?  
 Yes  
 No  
Submitted by: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_
  
- 45 Day Observation (Current on vaccinations animal bitten by another animal)  
Location of observation:  
 Owner’s Home  
 Veterinary Office \_\_\_\_\_  
 Animal Shelter  
Observation Start Date: \_\_\_\_\_  
Observation End Date: \_\_\_\_\_  
Released by: \_\_\_\_\_  
Did the animal survive?  
 Yes  
 No  
If no, was specimen submitted for testing?  
 Yes  
 No  
Submitted by: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_
  
- 6 month quarantine (Animal not current on vaccinations bitten by another animal)  
Location of observation:  
 Owner’s Home  
 Veterinary Office \_\_\_\_\_  
 Animal Shelter  
Observation Start Date: \_\_\_\_\_  
Observation End Date: \_\_\_\_\_  
Released by: \_\_\_\_\_  
Did the animal survive?  
 Yes  
 No  
If no, was specimen submitted for testing?  
 Yes  
 No  
Submitted by: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_