

Report of Rabies Exposure or Animal Bite



To Be Completed by Victim or Victim's Parent / Guardian

Victim's Last Name*: _____ Victim's First Name: _____

Date of Birth: _____ Gender: Male Female Other: _____

*If a minor, Parent/Guardian Name: _____

Physical Address: _____ City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Date of Bite or Exposure: _____ Time of Bite/Exposure: _____ a.m./p.m.

Address Where Bite/Exposure Occurred: _____

Animal Species: Dog Cat Skunk Raccoon Bat Other: _____ Breed: _____

Animal's name: _____ Male Female Age of Animal: _____ Color/Markings: _____

Owner's Name: _____

Owner's Physical Address: _____ City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Please describe in detail what both the victim and the animal were doing at the time of the bite/exposure:

To Be Completed by Medical Provider

N/A or no medical attention sought

Name of Clinic/Medical Facility: _____ Treating Provider: _____

City: _____ Phone #: _____ Fax #: _____

Date of Service: _____ Time of Service: _____ a.m./p.m.

Exposure Type: Bite Scratch Other: _____ Was the skin broken? Yes No

Anatomic Location (please circle side): Hand R / L Arm R / L Leg R / L Face Other: _____

Treatment (mark all that apply): Cleaned, soap & water Cleaned, antibacterial/virucidal agent Steri-strips Sutures

HRIG (20 IU/kg or approx. 8.6 mL for 65 kg adult) Rabies vaccine #1 (day 0) Other: _____

Signature of Medical Provider: _____ Date: _____

To Be Completed by Animal Control / Police Officer

Agency: _____ Officer: _____

City: _____ Phone #: _____ Fax #: _____

Animal Rabies Vaccination Status: Not Vaccinated Vaccinated, not current Vaccinated, current Unknown

Date of last rabies vaccine: _____ Veterinarian: _____

Health Status of Animal: Alive, healthy Alive, injured Alive, ill Dead Dead, euthanized

If ill or injured, describe: _____

Quarantine/Rabies Testing Status: Animal not located Quarantined Start: _____ End: _____

Submitted for rabies testing Not submitted for rabies testing Other: _____

Signature of Officer: _____ Date: _____

Please Fax Completed Form to (831) 769-8865.

Hitchcock Road Animal Services • 160 Hitchcock Rd., Salinas, CA 93908 • (831) 769-8850
 Clinicians: For consultation on rabies prophylaxis, please call (831) 755-4521 or (831) 755-5100 after hours.