### Animal Encounter Report Form

**Note to Providers:** Complete as much information as possible on page 1 of this form. Fax this report to the local health department immediately.

#### PATIENT DEMOGRAPHICS
- **Name (last, first):** 
- **Address (mailing):** 
- **Address (physical):** 
- **City/State/Zip:** 
- **Phone (home):** 
- **Phone (work/cell):** 
- **Alternate contact:**
  - Parent/Guardian
  - Spouse
  - Other

#### PROVIDER INFORMATION
- **Physician:** 
- **Facility:** 
- **City/State/Zip:** 
- **Date reported to health department:** __/__/____

#### BITE/EXPOSURE INFORMATION
- **Exposure date:** __/__/____
- **Exposure Type**
  - Y = Yes
  - N = No
  - U = Unknown
  - **Bite or scratch** caused a break in the skin
    - If yes, where on body (mark all that apply):
      - Head/neck/face
      - Hand
      - Leg
      - Torso/chest/back
      - Arm
      - Foot
  - Exposure type (mark all that apply):
    - Bite
    - Scratch
    - Other (Describe: ____________)
  - Fresh wound = a wound that has bled within past 24 hours

#### CLINICAL INFORMATION
- **Hospitalization**
  - Y = Yes
  - N = No
  - U = Unknown
  - **Patient hospitalized for this exposure**
    - If yes, hospital name:
      - Admit date: __/__/____
      - Discharge date: __/__/____
- **Death**
  - Y = Yes
  - N = No
  - U = Unknown
  - **Patient died due to this exposure**
    - If yes, date of death: __/__/____
- **Vaccination History**
  - Y = Yes
  - N = No
  - U = Unknown
  - **Patient previously received rabies vaccine prior to this exposure**
    - If yes, date of previous vaccination: __/__/____

#### ANIMAL INFORMATION
- **Species Causing Exposure**
  - Mark all that apply:
    - Bat
    - Cat or kitten
    - Cow
    - Coyote
    - Dog or puppy
    - Ferret
    - Fox
    - Goat
    - Horse
    - Monkey
    - Pig
    - Rabbit
    - Raccoon
    - Rodent
    - Sheep
    - Skunk
    - OTHER (list):

#### ADDITIONAL NOTES:
- Total number of animals involved in encounter: ______
- Ownership status of animal:
  - Owned (pet, livestock, etc.):
    - Owner Name: __________
    - Owner Address: __________
    - City/State/Zip: __________
    - Owner Phone: __________
  - Non-owned (wild, stray, etc.):
  - Unknown: __________
INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): ____________________________

Investigation Start Date: __ / __ / ____

Earliest date reported to LHD:   __ / __ / ____

Earliest date reported to state: __ / / ____

Was owner contacted?  ☐ Yes ☐ No  Date Notified: __ / __ / ____ By: ☐ Phone ☐ Letter ☐ Visit

Rabies Vaccination Status of Animal:

If pet or livestock, were rabies vaccinations up-to-date?  ☐ Yes (Date: __ / __ / ____  ☐ No  ☐ Unknown

*For cats, dogs and ferrets:  1st Dose @3mo, Booster @ 1yr; Booster every 1-3 yrs (depending on manufacturer)

Veterinarian: ____________________________  Phone: ____________________________

EXPOSURE INFORMATION

☐ ☐ Occupational exposure  If yes, indicate occupation: ____________________________

☐ ☐ Exposure occurred outside the United States (If yes, please call DIDE immediately for consult)

☐ ☐ Exposure occurred in a county with a history of animal rabies activity

Where did exposure occur?  County: ____________________________  State: _________  Country: ______________

ANIMAL FOLLOW UP INFORMATION

☐ ☐ Animal involved in exposure was able to be confined

   if yes, indicate # days (from exposure to final check): ____ and final status: ☐ Healthy ☐ Died ☐ Lost ☐ Other: __________

   if yes, indicate where animal confined:  ☐ Home  ☐ Animal Shelter  ☐ Veterinarian  ☐ Other: __________

☐ ☐ Animal confinement not possible, but animal was able to be observed following the exposure

   (if yes, indicate # days from exposure to observation): ____ and final status: ☐ Healthy ☐ Died ☐ Lost ☐ Other: __________

☐ ☐ Other Animals Have Been Exposed (if yes, explain: __________________________________________)

☐ ☐ If livestock involved, has Ag been contacted (304-558-2214)

LABORATORY INFORMATION

☐ ☐ Animal involved in exposure was submitted for rabies testing (If yes, date: __ / __ / ____ and Lab ID: ________________)

☐ ☐ Rabies virus detected in exposing animal via direct fluorescent antibodies (DFA) (If yes, date: __ / __ / ____)

☐ ☐ Patient notified of results (if applicable) (If yes, date: __ / __ / ____)

PUBLIC HEALTH ISSUES

☐ ☐ Rabies education provided to patient

☐ ☐ Patient referred to healthcare provider

☐ ☐ Rabies PEP recommended to patient

☐ ☐ Referred patient to national indigent rabies vaccine program

☐ ☐ National B Virus Resource Center contacted to assist with exposure management (for exposures involving primates only)

☐ ☐ Responsible pet ownership education provided to animal (i.e., spay/neuter, rabies vaccine, caution w/young children)

☐ ☐ Outreach provided to employer to reduce employee risk (for occupationally-related exposures)

☐ ☐ Patient lost to follow-up

☐ ☐ Other:

NOTES