

Pt #:

ONEIDA COUNTY HEALTH DEPARTMENT

OCHD Log #:

Animal Bite/ Rabies Report Form

185 Genesee Street – 4th Floor, Utica, New York 13501

Phone: 315-798-5064 (24 hours) - Fax: 315-798-6486



Date Reported / Referred: _____	By: _____	Phone: _____
Date Received: _____	By: _____	

PERSON EXPOSED INFORMATION

Name: _____ DOB: _____ Gender: M F Parents' Name(s) (if child): _____

Mailing Address:
 Number & Street: _____ City, State, Zip: _____
 Home Phone: _____ Work / Mobile Phone: _____ Other Phone: _____

Skin Broken? Y N Bite or Scratch? _____ Site of Wound: _____ Treatment: Place: _____

BITING OR SUSPECT RABID ANIMAL INFORMATION

Type of Animal: _____ Township: _____
 Name of Animal: _____ Breed: _____ Color: _____ Gender: M F Age: _____
 Owner's Name: _____ Phone: _____

Mailing Address:
 Number & Street: _____ City, State, Zip: _____
 Rabies Vaccination: Y N Date Given: _____ Vaccination Duration: 1 Yr 3 Yr Tag/ID#: _____
 Place Vaccination Given: _____ Verified By: _____

PET EXPOSED TO SUSPECT RABID ANIMAL INFORMATION

Type of Animal: _____ Township: _____
 Name of Animal: _____ Breed: _____ Color: _____ Gender: M F Age: _____
 Owner's Name: _____ Phone: _____

Mailing Address:
 Number & Street: _____ City, State, Zip: _____
 Rabies Vaccination: Y N Date Given: _____ Vaccination Duration: 1 Yr 3 Yr Tag/ID#: _____
 Place Vaccination Given: _____ Verified By: _____

Location of Incident / Exposure _____ Date: _____ Time: _____ AM PM

Circumstances of Incident:

Notes / Comments:

Post-Exposure Initiated? <input type="checkbox"/> Y <input type="checkbox"/> N	Date: _____	Hospital Health Ins. Provider _____	Wt. _____
Has patient previously been treated for Rabies (pre/post) <input type="checkbox"/> Y <input type="checkbox"/> N If so, what year? _____			

