

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

ANIMAL BITE / RABIES EXPOSURE REPORT

Confidential Information *All animal bites or other significant exposures are reportable by F.A.C. 64D-3

To Be Completed By Patient	Name:		Date of Birth:		Sex:		M	F
	Address			City		State		Zip
	Home Phone				Work Phone			
	Parent/Guardian Name if Minor							
	Home Phone				Work Phone			
	Exposure Information:							
	Place of Attack (address or location)					Date		Time
	Circumstances of Attack							
	Provoked		Unprovoked		Description			
	Type of Animal (Dog, Cat, Bat, etc.)			Breed	Color	Age	Sex of Animal	
							M	F
	Owner of Animal				Home Phone		Work Phone	
	Address of Animal Owner			City		State		Zip
Has the animal been vaccinated for Rabies?		Please Circle		Y	N	Unknown		
Veterinarian/Clinic Name _____								
Location of Animal (if different from owner's address): _____								
REQUIRED Person to Notify of Animal Quarantine or Lab Result: (Print Name)						Phone:		
To Be Completed By Hospital Staff	Treatment Information:							
	Description of injury (For example: Bite/Scratch to Face/Hand etc.)						<input type="checkbox"/> Check box if above the neck/shoulder	
	Was the wound treated? Y N							
	If yes, by whom? Patient Doctor/Nurse (Name/Phone)							
	How was wound treated? Washed Sutured							
	Did patient receive Tetanus vaccine? Y N				If no, up to date? Y N			
	Did patient receive anti-rabies treatment? Y N				By whom? _____			
	Hospital/Dr. Office where rabies treatment was given: _____							
Form completed by: (print name)				Phone:		Date:		
1. Call Santa Rosa Animal Control at 850-983-4680 and fax report to 850-983-4686 2. Call Health Department if Rabies Treatment is initiated: 850-983-5200 x105; fax 850-983-4504								