

# HUMAN EXPOSURE to RABIES REPORT FORM

## MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH

*Report when a person has a possible rabies exposure through a bite, scratch, or contact with saliva of an animal.*

**Victim's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
*Last First*

**Parent's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
*(If minor child)*

**CT#/Municipality:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(C):** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(C):** \_\_\_\_\_  
*Last First*

**Address:** \_\_\_\_\_ **CT#/Municipality:** \_\_\_\_\_

**Type of Animal:** \_\_\_\_\_ **Is the Animal:** \_\_\_\_\_

**Name of Pet:** \_\_\_\_\_ **Biting History:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Date of Vaccination:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Veterinarians Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Incident (Indicate the date bite occurred):** \_\_\_\_\_ **Location of Bite:** \_\_\_\_\_

**What caused animal to bite (circumstances):** \_\_\_\_\_

**Type of Injury:** \_\_\_\_\_ **Skin Broken:** \_\_\_\_\_ **Part of Body Affected:** \_\_\_\_\_

**Date of Treatment:** \_\_\_\_\_ **Facility Where Treated:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Type of Treatment:** Wound Cleansed Antibiotic Tetanus Sutures Other: \_\_\_\_\_

**Post Exposure Prophylaxis (PEP):** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Person's Name Completing Form:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### REPORTING INFORMATION

Animal Bites **MUST** be reported by telephone or FAX within **24 hours**:

Phone: (610)-278-5117 FAX (610) 278-3971

Hours: 8:00AM – 4:30PM

**Emergencies or After Hours: (610) 275-1222**

**DIVISION OF COMMUNICABLE DISEASE CONTROL & PREVENTION  
MONTGOMERY COUNTY OFFICE of PUBLIC HEALTH  
P.O. Bx 311  
NORRISTOWN, PA 19404-0311**

**Date Report Received:** \_\_\_\_\_

**Police Incident #:** \_\_\_\_\_

**Animal Bite I.D. #** \_\_\_\_\_

**Rabies Specimen Test Result (if applicable):** \_\_\_\_\_

**Associated Animal Bite I.D. #** \_\_\_\_\_