



## Animal Bite / Exposure Reporting Form

Reported by:  Date:  Case number:

### Animal

Domestic > ☐ Dog ☐ Cat ☐ Wolf hybrid ☐ Other:

Wild > ☐ Bat ☐ Skunk ☐ Raccoon ☐ Fox ☐ Rodent ☐ Other:

☐ Owned ☐ Stray/Feral ☐ Unknown

☐ Alive and in quarantine ☐ Waiting to be tested

☐ Euthanized ☐ Location unknown

If animal has not been quarantined, why not?

Description of animal (breed, color, sex):

Is the animal currently vaccinated? ☐ Yes ☐ No ☐ Unknown Date of last vaccination:

Address where bite occurred:

Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:

Circumstances of bite:

Animal Control Office (if reported):

Animal Control Officer:  Contact Phone:

### Victim

First Name:  Last Name:  Phone:

Address:

City:  ZIP code:

Sex: ☐ Male ☐ Female DOB:

### Owner

First Name:  Last Name:

Address:  Phone:

City:  ZIP code:  County:

Please return to WCDPHE by email at [Health-Zoonosis@WeldGov.com](mailto:Health-Zoonosis@WeldGov.com) or fax to 970-304-6411