



Animal Bite / Exposure Reporting Form

Reported by: Date: Case number:

Animal

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

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

Ownership > ☐ Owned ☐ Stray/Feral ☐ Unknown

Status > ☐ Alive/In Quarantine ☐ Waiting to be tested
☐ Euthanized ☐ Location unknown
☐ Surrendered Location:

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:

DOB:

Owner

First Name: Last Name:

Address: Phone:

City: ZIP code: County:

Please return to WCDPHE by email at Health-Zoonosis@WeldGov.com or fax to 970-304-6411