

REPORT OF POSSIBLE RABIES EXPOSURE

(BITE, SCRATCH, SALIVA IN WOUND OR MUCOUS MEMBRANE)

Date of Report:	_	PLEASE FAX FORM TO 352-620-6848				
1.Person Completing Form (should be staff, not patient):		ncy:		3. Telephone	:	
4. Patient Name (Last, First): 5. Se>	•	OB	7. Age:	8. Telephone:		
9. Address (No. & Street):		(City)		(State)	(Zip)	
10. Name of Parent/Guardian (if victim is a minor):	11. Ac	dress (if di	fferent than a	above):		
12. Location of Bite:						
13. Date of Last Tetanus Vaccination:		14. Was Rabies Post-Exposure Prophylaxis (RPEP) Started: □ Yes □ No				
15. Place of Attack:		16. Time	16. Time and Date of Attack:			
17. Circumstances of Attack: □ K-9 (Police Action) □ Sick/Hurt		Unknown Unpre		ed 🛛 Playful	Provoked	
18. Animal Owner (Custodian):		Telephone:				
19. Address of Animal Owner (No. & Street):		(City)		(State)	(Zip)	
20. Type of Animal: □ Dog □ Cat □ Other (specify) 21. Description (Breed, Color, Etc.):	□ Owr □ Stra □ Wild	y	□ Male □ Female	 Spayed/Neutered Unaltered Unknown 	Estimated Age:	

05/2014