

Gloucester County Health & Human Services
204 E. Holly Avenue
Sewell, New Jersey 08080
856-218-4170
856-218-4161 fax

ANIMAL BITE EXPOSURE REPORT

Section 1 – Person Bitten

Last Name	First	Middle	Age	Sex: Male/Female
Resident's Address	Street	City	State	Zip Code
Phone Number	Parent's Last Name (if under 18 years of age)			

Section 2- Medical Data

Date of Exposure	Time of Exposure	Body Part Exposed
------------------	------------------	-------------------

Type of Exposure: _____ Bite _____ Scratch _____ Other- Describe _____
Has emergency rabies treatment of the exposed person been started? _____ yes _____ no

Section 3 – Animal Information

Type (e.g. dog, cat, raccoon, etc.)	Breed (if applicable)	Color	Pet _____ Wild_____ Stray _____
-------------------------------------	-----------------------	-------	---------------------------------

Animal Behavior – (check all that apply)

<input type="checkbox"/> apparently normal	<input type="checkbox"/> drooling saliva	<input type="checkbox"/> wild animal out in daylight
<input type="checkbox"/> appeared sick	<input type="checkbox"/> overly friendly	<input type="checkbox"/> not afraid of humans or domestic animals
<input type="checkbox"/> aggressive	<input type="checkbox"/> wobbly gait	<input type="checkbox"/> other (explain) _____
<input type="checkbox"/> lethargic or in coma	<input type="checkbox"/> paralysis	<input type="checkbox"/> unknown

Veterinarian: _____ Rabies Vaccination: _____ Current _____ Not Current

Owner of Animal

Last Name	First	Middle		
Mailing Address	Street	City	State	Zip Code
Municipality of Owner's Residence	Owner's Phone Number			

Section 4 – Notification

Report Taken By: _____

Date: _____ Health Department Notified: (date) _____

Comments: _____
