

All Animal Bites Must Be
Reported Within 12 Hours



Gloucester County Department Health

204 E. Holly Avenue
Sewell, New Jersey 08080

ANIMAL BITE EXPOSURE REPORT

Phone: 856-218-4170

Email: zoonosis@co.gloucester.nj.us

Section 1 – Person Bitten

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

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		
If yes, also complete NJ-CDC-2 Form and email to: zoonosis@co.gloucester.nj.us		

Section 3 – Animal Information

Type (e.g. dog, cat, raccoon, etc.)	Breed (if applicable) _____	Pet _____ Wild _____ Stray _____
Animals name _____		
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	
Owner's email _____		

Section 4 – Notification

Report Taken By: _____	
Date: _____	Health Department Notified: (date) _____
Comments: _____	