

ANIMAL BITE EXPOSURE REPORT

Phone: 856-218-4170

Email: zoonosis@co.goucester.nj.us

Section 1 – Person Bitten

Last Name	First	Middle	Age	Sex: Male/Female
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Resident's Address	Street	City	State	Zip Code
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Phone Number	Parent's Full Name (if under 18 years of age)
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Section 2- Medical Data	Person Bitten/Guardian email
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Date of Exposure	Time of Exposure	Body Part Exposed
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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.goucester.nj.us

Section 3 – Animal Information

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

Animal Behavior – (check all that apply)

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

Veterinarian: _____ Rabies Vaccination: _____ Current _____ Not Current
Owner of Animal

Last Name	First	Middle
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Mailing Address	Street	City	State	Zip Code
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Municipality of Owner's Residence	Owner's Phone Number
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Section 4 – Notification	Owner's email
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Report Taken By: _____

Date: _____ Health Department Notified: (date) _____
Comments: _____
