

Report Date:	Reported By:	Phone:
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PERSON EXPOSED		
First Name:	Last Name:	
Birth Date:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Parent's Name (if minor):
Address:		Phone:
Date of Incident:	Time of Incident: AM / PM	Type of Exposure: <input type="radio"/> Bite <input type="radio"/> Scratch <input type="radio"/> Other
Address Where Incident Occurred:		Was Skin Broken? <input type="radio"/> Yes <input type="radio"/> No
Body Part(s) Bitten/Exposed:		Was Bite/Exposure Provoked? <input type="radio"/> Yes <input type="radio"/> No
Circumstances of Incident (please describe):		

BITING ANIMAL				
Owner*:			Check if Owner is Unknown: <input type="radio"/>	
Owner's Address:			Owner's Phone:	
Location of Animal:				
Type of Animal: <input type="radio"/> Cat <input type="radio"/> Dog <input type="radio"/> Ferret <input type="radio"/> Bat <input type="radio"/> Wild Animal or Other: _____				
Name:	Color:	Sex: <input type="radio"/> M <input type="radio"/> F	Is Animal Spayed/Neutered? <input type="radio"/> Yes <input type="radio"/> No	Breed:
BITING ANIMAL'S VACCINATION STATUS:				
Is the Animal Vaccinated Against Rabies? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Date of Last Rabies Shot:		Is the Animal Licensed? <input type="radio"/> Yes <input type="radio"/> No
Veterinarian:	Veterinarian Address:		Veterinarian Phone:	
*Michigan Public Health Code states the biting animal must be quarantined for a 10-day rabies observation and then viewed by the animal shelter or your vet. Rabies is rare, but possible, and Michigan laws are in place to protect residents. Livingston County Sheriff's Office Animal Control may contact you for quarantine procedures.				

MEDICAL TREATMENT (for clinic use only)		
Name of Clinic:		Clinic Phone:
Antibiotics Prescribed? <input type="radio"/> Yes <input type="radio"/> No	Tetanus Vaccine Given**? <input type="radio"/> Yes <input type="radio"/> No	Rabies PEP Recommended***? <input type="radio"/> Yes <input type="radio"/> No
Wound Treatment (please describe):		
** Tetanus vaccine is recommended if last tetanus vaccine was given more than 5 years prior to exposure. ***Contact Livingston County Health Department or reference MDHHS "Michigan Rabies Assessment: When a Person Has Been Exposed" Michigan.gov/rabies		