

**BUCKS COUNTY DEPARTMENT OF HEALTH**  
**Neshaminy Manor Center, Health Building**  
**1282 Almshouse Road, Doylestown, Pa. 18901**  
**RABIES SURVEILLANCE ANIMAL BITE AND/OR EXPOSURE REPORT FORM**  
**\*Please fax filled form back to 215-340-8456\***

Municipality where Animal Owner resides: \_\_\_\_\_  
Borough/Township \_\_\_\_\_ State Zip \_\_\_\_\_

Date Reported \_\_\_\_\_ Date entered into Garrison \_\_\_\_\_ Date of Incident \_\_\_\_\_

Person/Agency Completing this Form \_\_\_\_\_ Telephone # \_\_\_\_\_

Type of Exposure:  Bite  Scratch  Handling  Trauma Other: \_\_\_\_\_

Part of Body Injured Skin Broken: \_\_\_\_\_  Yes  No  Unknown

Name of Person(s) Exposed \_\_\_\_\_ Age(s) \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
PO Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Treatment \_\_\_\_\_ Attending Physician \_\_\_\_\_

Exposed Person's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Animal Owner Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Animal Owner's Address \_\_\_\_\_  
PO Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Type of Animal \_\_\_\_\_  Wild  Domestic  Stray Breed \_\_\_\_\_

Description/Color \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female  Unknown

Status of Animal at the Time of the Incident  Well  Sick

Does animal (dog/cat) have a current rabies vaccination?  YES  NO Date of vaccine \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_  
PO Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Circumstances of Biting Incident and Location \_\_\_\_\_

PO Box/Street \_\_\_\_\_ City/Town \_\_\_\_\_ State Zip \_\_\_\_\_

Present Status of Animal:  Alive  Dead  Euthanized  Unknown Date \_\_\_\_\_

Location of Quarantined Animal \_\_\_\_\_ Date \_\_\_\_\_

Date Released Status of Animal: \_\_\_\_\_  Well  Sick

Laboratory Analysis Required:  YES  NO Date of Analysis \_\_\_\_\_

Laboratory Results \_\_\_\_\_ Laboratory Conducting Test \_\_\_\_\_

**MEMO ON CASE FOLLOW-UP:**

Date and time of following calls: \_\_\_\_\_

Date closed in Garrison: \_\_\_\_\_