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ENVIRONMENTAL HEALTH DIVISION
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Animal Bite/Rabies Exposure Report Form

Person Exposed:

Name:		DOB:	Parent's name if child:
Mailing Address:			
Home Address:			
County of Residence:		Body Weight:	
Home Phone:	Work Phone:		Cell Phone:
Site of Wound:	Skin Broken: - Yes No	Treatment By:	Facility:

Animal Involved:

Owner's Name:			
Mailing Address:			Town:
Home Address:			
Home Phone:	Work Phone:		Cell Phone:
Type of Animal:	Description/Breed:		Name:
Color:	Sex:	Age:	Rabies Vaccination Date: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Vaccinated by:		Address:	

Incident: (Fax copy of report form to county of occurrence)

Place & County of Occurrence:		
Circumstances:		
		Date:
		Time:

Report:

Person Reporting Bite:	Phone:	Date:
Comments:		

Health Dept. Use Only: **Route to:** _____ **Copy to:** _____ **Town of:** _____

Received By Health Dept.	Person:	Date:
Remarks:		
Animal Confined	Date:	Place:
		Date Released:
Inspector:		