

# Animal Bite/ Exposure Report

**Caroline Co Health Dept**

Office of Env. Health  
P.O Box 10  
Denton, MD 21629  
Phone: (410)479-8045  
Fax: (410)479-4082

**Dorchester Co Health Dept**

Division of Env. Health  
3 Cedar Street  
Cambridge, MD 21613  
Phone: (410)228-1167  
Fax: (410)901-8192

**Queen Anne's Co Health Dept**

Env. Health Services  
206 N. Commerce Street  
Centreville, MD 21617  
Phone: (410)758-2281  
Fax: (410)758-6602

**Talbot County Health Dept**

Office of Env. Health  
215 Bay Street, Suite 4  
Easton, MD 21601  
Phone: (410)770-6880  
Fax: (410)770-6888

Report Date: \_\_\_\_\_ Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Person Exposed**

Date of Incident: \_\_\_\_\_ Victim's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M ( ) F ( )

Parent (if minor) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address where incident occurred: \_\_\_\_\_

Circumstances of Incident: \_\_\_\_\_ Provoked ( ) Unprovoked ( )

Bite ( ) Was Bite Severe? Yes ( ) No ( )

Scratch ( ) Skin Not Broken ( ) Saliva contamination of mucous membrane or open wound ( )

Body Part(s) bitten/exposed: \_\_\_\_\_

Medical Care Required: Yes ( ) No ( ) Unknown ( ) by \_\_\_\_\_

Hospital/Physician Phone: \_\_\_\_\_ **PEP Started?** Yes ( ) No ( )

**Biting Animal Identification**

Owner: \_\_\_\_\_ Owner Unknown ( )

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Animal: Cat ( ) Dog ( ) Ferret ( ) Bat ( ) Wild Animal or Other ( ) Specify: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Size: \_\_\_\_\_ Name: \_\_\_\_\_

Other Identifying Characteristics: \_\_\_\_\_

**Vaccination Status:**

Current Rabies Vaccination? Yes ( ) Expiration Date: \_\_\_\_\_ Tag #: \_\_\_\_\_ No ( ) Unknown ( )

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

**Quarantine Agreement**

I hereby agree to:

- (1) Quarantine the dog, cat, or ferret, identified on this form for 10 days to comply with the Quarantine Instructions provided.
- (2) If unvaccinated, have the dog, cat, or ferret given a physical rabies examination by a veterinarian & vaccinated for rabies at my expense on the last day of the quarantine period (or the next day if a Sunday or Holiday)
- (3) Confine the animal at Address (Geographic Location) \_\_\_\_\_ for the quarantine period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_
- (4) Permit the inspection of the animal and confinement enclosure during reasonable hours.

I hereby acknowledge that failure to comply with these instructions may subject me to a fine of up to \$500.00

**Owner or Custodian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Investigator Signature:** \_\_\_\_\_ **Agency** \_\_\_\_\_ **Date:** \_\_\_\_\_