

**Rabies Investigation**  
Animal Bite Report  
Delaware General Health District  
Fax all bite reports (DELAWARE CO.): 740.368.1736

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**DATE OF EXPOSURE (Date of Bite):** \_\_\_\_\_  
*[Quarantine begins at time of exposure and lasts TEN (10) DAYS for domestic animals]*

**DATE REPORTED:** \_\_\_\_\_  
**ANIMAL**

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Type of Animal (Species): \_\_\_\_\_ (Bat, Cat, Dog, Raccoon, Etc.)

Animal Description: Breed: \_\_\_\_\_ Mixed Breed: Yes No  
Color: \_\_\_\_\_  
Name: \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunized at time of Exposure (Bite): Yes No Date of Immunization: \_\_\_\_\_

**OWNER**

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Work: \_\_\_\_\_

**VICTIM**

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Date of exposure (bite): \_\_\_\_\_

Victim name: \_\_\_\_\_ Age: \_\_\_\_\_

Victim Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Guardian (victim under 18): \_\_\_\_\_

Address (if different): \_\_\_\_\_

Location of injury (-ies) on Body: \_\_\_\_\_

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Type of exposure: Bite Scratch Bruise

Treatment: \_\_\_\_\_

Treating Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Reported By:** \_\_\_\_\_

**Report taken by:** \_\_\_\_\_