

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT  
ANIMAL BITE AND RABIES EXPOSURE INTAKE FORM**

**MEDICAL PROVIDERS: Use this form for collection of critical initial information and as a reporting document.  
(ANIMAL BITES ARE REQUIRED TO BE REPORTED TO THE LOCAL HEALTH DEPARTMENT WITHIN 24 HOURS)**

**Section I: INFORMATION ON PERSON BITTEN OR EXPOSED TO RABIES**

Date and Time When Exposure Occurred \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_  
Adult Guardian (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Where Bitten or Exposed (on body) \_\_\_\_\_ Approximate Weight \_\_\_\_\_  
Description of How Exposure Occurred \_\_\_\_\_

**Section II: INFORMATION ON THE BITING/ATTACKING ANIMAL**

Type of Animal \_\_\_\_\_ Color \_\_\_\_\_  
Is animal stray or wild animal? Yes \_\_\_\_\_ No \_\_\_\_\_ Animal's Name \_\_\_\_\_  
Location of Animal: At Large \_\_\_\_\_ With Owner \_\_\_\_\_ Other Address \_\_\_\_\_  
Name and Address of Animal Owner \_\_\_\_\_  
Phone Number of Owner's Home: \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Was animal control notified? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section III: MEDICAL INFORMATION**

Describe Treatment \_\_\_\_\_  
Was Rabies Immune Globulin Given? Yes \_\_\_\_\_ Date Given \_\_\_\_\_ No \_\_\_\_\_  
Was Rabies Post Exposure Vaccine Given? Yes \_\_\_\_\_ Date Given \_\_\_\_\_ No \_\_\_\_\_  
Date of Person's Last Tetanus Vaccine: \_\_\_\_\_ Was Tetanus Given: Yes \_\_\_\_\_ No \_\_\_\_\_  
Where will person complete post exposure vaccine? \_\_\_\_\_  
Name of Person Completing Report: \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Referred to Health Department / Public Health Nurse \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

\*\*\* Rabies has been transmitted to humans from bats even when no bite was apparent. A person should be started on rabies post exposure treatment if one of the following occurs: a bat is found in the room of an unattended child, intoxicated, mentally challenged or sleeping individual and the bat is not available for testing, or, a bat comes in physical contact with a person and is not available for testing. \*\*\*

**PLEASE FAX TO THE LOCAL HEALTH DEPARTMENT AND CALL THE LOCAL ANIMAL CONTROL**

**Clinton County Branch Office**  
(989)227-3111 Fax (989)227-3126  
**Animal Control**  
(989)224-5117 or (989)224-6792

**Gratiot County Branch Office**  
(989)875-1019 Fax (989)875-1032  
**Animal Control**  
(989)875-2221 or (989)875-7505

**Montcalm County Branch Office**  
(989)831-3615 Fax (989)831-3666  
**Animal Control**  
(989)304/5572 or (989)831-7334  
Fax (989)831-7430

**Animals that do NOT transmit rabies:** Chipmunks, Guinea Pigs, Mice, Shrews, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles, Gophers, Moles, Rats, and Prairie Dogs. **Woodchucks will be tested.**