



CLINTON COUNTY (989) 227-3111
Secure Fax (989) 227-3126
ANIMAL CONTROL (989) 224-5117
Fax (989) 224-5247

GRATIOT COUNTY (989) 875-1019
Secure Fax (989) 875-1032
ANIMAL CONTROL (989) 875-2221 or
Central Dispatch (989) 875-7505
Fax (989) 875-5272

MONTCALM COUNTY (989) 831-3615
Secure Fax (989) 831-3666
ANIMAL CONTROL (989) 831-7487,
(989) 831-7355 or Central Dispatch
(989) 831-5253 Fax (989) 831-7410

Animal Bite and Rabies Exposure Intake Form

| | | |
|--------------|--------------|--------|
| Report Date: | Reported By: | Phone: |
|--------------|--------------|--------|

PERSON EXPOSED

| | | | |
|--|---|---|--|
| First Name: | | Last Name: | |
| Birth Date: | Sex: Male Female | Parent's Name (if minor): | |
| Address: | | Phone: | |
| Date of Incident: | Time of Incident: AM PM | Type of Exposure: Bite Scratch Other _____ | |
| Address Where Incident Occurred: | | Was Skin Broken? Yes No | |
| Body Part(s) Bitten/Exposed: | | Was Bite/Exposure Provoked? Yes No | |
| Circumstances of Incident (please describe): | | | |

BITING ANIMAL

| | | | |
|---------------------|--|----------------------------|---|
| Owner*: | | Check if Owner is Unknown: | |
| Owner's Address: | | Owner's Phone: | |
| Location of Animal: | At large Quarantined Sent for testing | | |
| Type of Animal: | Cat Dog Ferret Bat Wild Animal or Other: _____ | | |
| Name: | Color: | Sex: M F | Is Animal Spayed/Neutered? Yes No |
| | | Breed: | |

BITING ANIMAL'S VACCINATION STATUS:

| | | | |
|--|--|---------------------------|--------------------------------------|
| Is the Animal Vaccinated Against Rabies? Yes No Unknown | | Date of Last Rabies Shot: | Is the Animal Licensed? Yes No |
| Veterinarian: | | Veterinarian Address: | Veterinarian Phone: |

*Michigan Public Health Code states the biting animal must be quarantined for a 10-day rabies observation and then viewed by the animal shelter, animal control or your vet. Rabies is rare, but possible, and Michigan laws are in place to protect residents. Clinton, Gratiot, or Montcalm County Animal Control may contact you for quarantine procedures.

MEDICAL TREATMENT PROVIDED

| | | | |
|--------------------------------------|---------------------------------------|---|--|
| Name of Clinic: | | Clinic Phone: | |
| Antibiotics Prescribed? Yes No | Tetanus Vaccine Given**? Yes No | Rabies PEP Recommended***? Yes No | |
| Wound Treatment (please describe): | | PEP Initiated ****: Yes No | |

** Tetanus vaccine is recommended if last tetanus vaccine was given more than 5 years prior to exposure. **** Patient Assistance https://www.cdc.gov/rabies/medical_care/programs.html
***Contact Mid-Michigan District Health Department or reference MDHHS "Michigan Rabies Assessment: When a Person Has Been Exposed" [Michigan.gov/rabies](https://www.michigan.gov/rabies)

The following are NOT considered likely to carry rabies and will not be tested: Chipmunks, Guinea Pigs, Mice, Shrew, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles, Gophers, Moles, Rats, and Prairie Dogs (Woodchucks will be tested.) 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.