

## Animal Bite and Rabies Exposure Intake Form

**Report Date:** \_\_\_\_\_ **Reported By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### PERSON EXPOSED

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Sex:** M F Other **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:** \_\_\_\_\_

\*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.

**Return completed form to Mid-Michigan District Health Department via secure fax to number/s located above.**

**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 Phone: \_\_\_\_\_  
Veterinarian Address: \_\_\_\_\_

**MEDICAL TREATMENT PROVIDED**

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

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

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.

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