



Rev. 2/7/2025

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

**MMDHD AFTER HOURS** 24-7 Pager  
 989-276-0260

**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) 831-7302,  
 (989) 831-7443  
 or Central Dispatch (989) 831-5253  
 Fax (989) 831-7410

## Animal Exposure Intake Form

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.

Report Date:		Reported By:		Phone:	
<b>PERSON/ANIMAL EXPOSED</b>					
First Name:			Last Name:		
Birth Date:		Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		Parent's Name (if minor):	
Address:				Phone:	
Date of Incident:		Time of Incident: <input type="radio"/> AM <input type="radio"/> PM		Exposure Type: <input type="radio"/> Bite <input type="radio"/> Scratch <input type="radio"/> Bat in Room <input type="radio"/> Other _____	
Address Where Incident Occurred:				Who was bitten/exposed? <input type="radio"/> Human <input type="radio"/> Animal	
Description of Injuries (if applicable):				Was Bite/Exposure Provoked? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> N/A	
Description of Exposure:					
<b>MEDICAL TREATMENT PROVIDED</b>					
Routine Follow-Up (Check all that apply): <input type="radio"/> Wound cleansed soap/H2O <input type="radio"/> Disinfectant applied <input type="radio"/> Medical treatment/attention received <input type="radio"/> Infection risk discussed <input type="radio"/> Antibiotic prophylaxis recommended/prescribed <input type="radio"/> **Tetanus immunization status reviewed/given; Date given: _____				Medical Treatment Facility:	
Rabies PEP Recommended***? <input type="radio"/> Yes <input type="radio"/> No      PEP Initiated ****: <input type="radio"/> Yes, Date: _____ <input type="radio"/> No <input type="radio"/> Declined <input type="radio"/> N/A					
Has this person been previously vaccinated against rabies (or previously completed PEP)? <input type="radio"/> Yes, If Yes Date: _____ <input type="radio"/> No <input type="radio"/> Unknown					
** Tetanus vaccine is recommended if last tetanus vaccine was given more than 5 years prior to exposure. **** Patient Assistance info on back of form ***Contact Mid-Michigan District Health Department or reference MDHHS "Michigan Rabies Assessment: When a Person Has Been Exposed" <a href="http://Michigan.gov/rabies">Michigan.gov/rabies</a>					
<b>EXPOSING/BITING ANIMAL INFORMATION</b>					
Animal Owner*: Email: Address:			<input type="radio"/> Animal Owner UNKNOWN Phone:		Check if exposed person declined to provide information on biting animal: <input type="radio"/> Declined
Location of Animal: <input type="radio"/> At large <input type="radio"/> With Animal Owner <input type="radio"/> Animal Control Shelter <input type="radio"/> Other:					
Type of Animal: <input type="radio"/> Cat <input type="radio"/> Dog <input type="radio"/> Ferret <input type="radio"/> Bat <input type="radio"/> Wild Animal or Other: _____				Behavior History/Health Status prior to exposure:	
Name of Animal:		Color:	Sex: <input type="radio"/> M <input type="radio"/> F	Is Animal Spayed/Neutered? <input type="radio"/> Yes <input type="radio"/> No	Breed:
*Michigan Public Health Code states the biting animal must be quarantined for a 10-day rabies observation and then verified 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 confinement procedures.					
<b>EXPOSING/BITING ANIMAL'S VACCINATION STATUS:</b>					
Rabies Immunization History: <input type="radio"/> Vaccinated-current <input type="radio"/> Vaccinated-not current <input type="radio"/> Never Vaccinated <input type="radio"/> Unknown Date of Last Rabies Vaccine: _____			Is the Animal Licensed? <input type="radio"/> Yes <input type="radio"/> No License Number: _____		Veterinarian: Phone:
<b>DISPOSITION OF ANIMAL/CONFINEMENT INFORMATION</b>					
Laboratory Test Results: Positive    Negative    Victim Notified Untestable/Destroyed    Not Tested		Disposition of Animal: Euthanized    Released (no risk) Escaped/Not Found    Sent for Testing    Confined			Confinement Location/Address:
Exposed Person Notified of Status of Exposing/Bitting Animal: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to contact <input type="radio"/> N/A		Status of Animal at End of Confinement: Alive/Well    Died/Euthanized Unknown/Lost to Follow Up			Confinement: Start Date: _____ End Date: _____

**Fax completed form to Mid-Michigan District Health Department**

## Patient Assistance Programs (PAPs)

There may be a need for financial assistance among some patients who are assessed as exposed to rabies and are recommended to receive rabies post-exposure prophylaxis (PEP). These patients may not be eligible for state or federal medical assistance. It is very important to realize that the eligibility requirements for assistance among PAPs are not uniform; some PAPs may have criteria that are more restrictive than others. An example is the level of income that is relative to the Federal Poverty Level (FPL); guidelines can vary from 100% to 300%.

### Manufacturer's Patient assistance programs

Determine if the patient is eligible for vaccine manufacturer patient assistance programs. Both rabies vaccine manufacturers have patient assistance programs that provide biologics to qualifying underinsured or uninsured patients.

1. **Sanofi Pasteur's Patient Assistance Program** (providing Imogam<sup>®</sup> Rabies HT and Imovax<sup>®</sup> IM) An application form and information about the program can be found at: Sanofi Patient Connection <https://www.sanofipatientconnection.com/> or by telephone at 1-888-847-4877.
2. **Novartis Pharmaceuticals Patient Assistance Program** (providing RabAvert<sup>®</sup>) is managed through RX for Hope and can be accessed at <https://www.rxhope.com/PAP/info/PAPInfo.aspx> or by telephone at 1-800-589-0837.
3. **Grifols Patient Assistance Program** (providing HyperRab<sup>™</sup>) <https://www.hypermunes.com/en/hcp/hyperrab-rabies> or call 833-504-9983
4. Other PAPs include <https://www.rxassist.org/>