

Gloucester County Health & Human Services  
204 E. Holly Avenue  
Sewell, New Jersey 08080  
856-218-4167  
856-218-4161 fax

**ANIMAL BITE EXPOSURE REPORT**

***Section 1 – Person Bitten***

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Last Name	First	Middle	Age	Sex: Male/Female
Resident's Address	Street	City	State	Zip Code
Phone Number	Parent's Last Name (if under 18 years of age)			

***Section 2- Medical Data***

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Date of Exposure	Time of Exposure	Body Part Exposed
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Type of Exposure: \_\_\_\_\_ Bite \_\_\_\_\_ Scratch \_\_\_\_\_ Other- Describe \_\_\_\_\_  
Has emergency rabies treatment of the exposed person been started? \_\_\_\_\_ yes \_\_\_\_\_ no

***Section 3 – Animal Information***

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Type (e.g. dog, cat, raccoon, etc.)	Breed (if applicable)	Color	Pet _____ Wild_____ Stray _____
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Animal Behavior – (check all that apply)

<input type="checkbox"/> apparently normal	<input type="checkbox"/> drooling saliva	<input type="checkbox"/> wild animal out in daylight
<input type="checkbox"/> appeared sick	<input type="checkbox"/> overly friendly	<input type="checkbox"/> not afraid of humans or domestic animals
<input type="checkbox"/> aggressive	<input type="checkbox"/> wobbly gait	<input type="checkbox"/> other (explain) _____
<input type="checkbox"/> lethargic or in coma	<input type="checkbox"/> paralysis	<input type="checkbox"/> unknown

Veterinarian: \_\_\_\_\_ Rabies Vaccination: \_\_\_\_\_ Current \_\_\_\_\_ Not Current

***Owner of Animal***

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Last Name	First	Middle		
Mailing Address	Street	City	State	Zip Code
Municipality of Owner's Residence	Owner's Phone Number			

***Section 4 – Notification***

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Report Taken By: \_\_\_\_\_

Date: \_\_\_\_\_ Health Department Notified: (date) \_\_\_\_\_

Comments: \_\_\_\_\_

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