SAVE

SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES / PUBLIC HEALTH 9/2019

RESET

*ANIMAL SPECIES:

☐ Bite / ☐ Exposure

ANIMAL BITE REPORT FORM

*REQUIRED FIELD

PLEASE CALL TO REPORT: 631-854-0333

Fax: (631) 854-0346

After Hours Phone: (631) 852-4820

DOH ONLY:
Date Received:

DOH ONLY:
PHP F/U
◯ Yes ◯ No

*Clinician Completing Form:

*Hospital/Agency Name:

Phone #:

DOH ONLY:
☐ Sent to PHP
☐ On Bite Log

HEALTH DEPT. WILL NOT CONFISCATE THE ANIMAL

*Date of Bite / Exposure:

*Owner of Animal:

Owner Relationship to Person Bitten:

*Street Address:

*Town | *State | *Zip

*Telephone Number

Home: | Cell:

Animal Name:

Animal Description:

Where Bite Occurred:

Veterinarian if Known: | Phone:

Vet Location:

*Person Bitten:

*Date of Birth: | Age:

*Street Address:

*Town | *State | *Zip

*Telephone Number

Home: | Cell:

Parent or Guardian (if under age):

*Reported By: | *Phone:

*Rabies Prophylaxis Authorized by Suffolk County DOH?
◯ Yes ◯ No If Yes, DOH staff name:

Rabies Prophylaxis Schedule Days 0, 3, 7, 14

Day 0

Date: | Date:

Rig Name: | **Vaccine Name:**

Lot#: | Lot#:

Amt: | Site(s): | Site:

Circumstances of Bite:

Description / Location of Injury:

Remarks:

DOH ONLY: Final Recommendations / Disposition (Animal):

DOH ONLY: Final Recommendations / Disposition (Person Bitten):

PRINT