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ENVIRONMENTAL HEALTH DIVISION
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Animal Bite/Rabies Exposure Report Form

Person Exposed:

Name:		DOB:	Parent's name if child:	
Mailing Address:				
Home Address:				
County of Residence:			Body Weight:	
Home Phone:		Work Phone:		Cell Phone:
Site of Wound:	Skin Broken: - Yes No	Treatment By:	Facility:	

Animal Involved:

Owner's Name:				
Mailing Address:				Town:
Home Address:				
Home Phone:		Work Phone:		Cell Phone:
Type of Animal:		Description/Breed:		Name:
Color:	Sex:	Age:	Rabies Vaccination Date:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
Vaccinated by:			Address:	

Incident: (Fax copy of report form to county of occurrence)

Place & County of Occurrence:		
Circumstances:		
		Date:
		Time:

Report:

Person Reporting Bite:		Phone:	Date:
Comments:			

Health Dept. Use Only: **Route to:** _____ **Copy to:** _____ **Town of:** _____

Received By Health Dept.	Person:		Date:
Remarks:			
Animal Confined	Date:	Place:	Date Released:
Inspector:			