

ANIMAL EXPOSURE REPORT FORM
RABIES RISK ASSESSMENT FOLLOW UP FOR PUBLIC HEALTH OFFICIALS

Date: _____ Time: _____ On-Call Staff: _____

CALLER INFORMATION

Name: _____ ☐ physician ☐ victim ☐ other _____
Agency: _____ Telephone: _____

EXPOSURE

If the caller is a physician, ask to speak to the victim directly. If the victim is not available, does the physician know the circumstances of the exposure? Ask the physician/victim to describe the events that took place:

Date of exposure: _____ Animal: ☐ Dog ☐ Cat ☐ Fox ☐ Skunk ☐ Bat ☐ Other: _____

Status of Animal? ☐ Available for testing ☐ Available for quarantine

☐ Domestic animal - Contact local animal control to locate and quarantine animal

☐ Wild animal- If animal is available for testing, contact local animal control or Arizona Game & Fish. If animal is not available for testing, see a healthcare professional to start PEP

Type of contact: ☐ Bite ☐ Scratch ☐ Saliva in fresh wound ☐ Touch ☐ Splash (CNS fluid or tissue or saliva) ☐ Other: _____

*** Skunk spray, petting an animal's skin or fur, having contact with blood, urine or feces are not exposures ***

Geographic location of exposure or address:

Describe in detail type of contact with animal:

Was the exposure ☐ provoked or ☐ unprovoked?

VICTIM INFORMATION

Name: _____ Gender: ☐ M ☐ F ☐ U
Address: _____
Telephone: _____ DOB: _____

Type of wound care administered: ☐ Washed with soap and water ☐ Tetanus booster ☐ Antibiotics ☐ PEP

*** Immediately wash with soap and water and contact a healthcare provider for further recommendations ***

RECOMMENDATIONS MADE

☐ Post Exposure Prophylaxis (PEP) indicated OR ☐ Post Exposure Prophylaxis (PEP) NOT indicated

Animal was ☐ tested OR ☐ quarantined OR ☐ unknown

Additional comments:

PERSONS CONTACTED

Name	Telephone	Agency	Date	Time

☐ Follow-up complete and ADHS VBZD Program notified

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