



CASE # _____

SUSSEX COUNTY DEPARTMENT OF ENVIRONMENTAL AND PUBLIC HEALTH SERVICES
Animal Bite / Exposure Form

INFORMATION PROVIDED BY: _____

PHONE NUMBER: _____ DATE REPORTED: _____ RECEIVED BY: _____

DATE & PLACE OF BITE

Date: _____
Municipality: _____
Street: _____

CIRCUMSTANCES OF BITE

Events leading to Bite: _____

PERSON BITTEN

Name: _____
Address: _____

Phone #: _____

OWNER OF BITTEN ANIMAL

Name: _____
Address: _____
Municipality: _____
Phone #: _____

ANIMAL BITTEN

Species: _____
Color & Breed: _____
License #: _____
Last Rabies Shot: _____
Vet's Name: _____
Treatment: _____

OWNER OF BITING ANIMAL

Name: _____
Address: _____
Municipality: _____
Phone #: _____

BITING ANIMAL STATUS

Name: _____
Species: _____
License #: _____
Last Rabies Shot: _____
Vet's Name: _____
Treatment: _____

NATURE OF EXPOSURE

_____ Bite _____ Scratch _____ Other
Location on Body:
_____ Indirect Contact
_____ Skin Unbroken
_____ Skin Broken
_____ Severe exposure e.g.

Animal Head sent to NJDOH Lab Date: _____

ADDITIONAL COMMENTS: