

Animal to Animal Exposure Report

Report Date: _____ Date of Exposure: _____
Reported By: _____ Phone #: _____

Suspect Animal

Type of Animal:

Bat Cat Dog Fox Raccoon Skunk Unknown Other _____

Disposition of Animal: Dead Escaped

Animal's Cause of Death (if applicable): Killed by Pet Euthanized Shot

Was animal behaving unusually? Yes No Unknown

If animal is cat or dog, please provide the following information (if applicable):

Name of Animal: _____ Breed: _____ Male Female

Name of Owner: _____ Phone #: _____

Address: _____

Veterinarian: _____ Current on Rabies Vaccination: Yes No

Rabies Expiration: _____ Tag #: _____

Incident Circumstances: _____

Pet Involved in Incident

Type of Animal: Cat Dog Ferret Other: _____

Name of Animal: _____ Breed: _____ Male Female

Name of Owner: _____ Phone #: _____

Address: _____

Veterinarian: _____ Current on Rabies Vaccination: Yes No

Rabies Expiration: _____ Tag #: _____

Date of Booster: _____ Expiration: _____ Tag #: _____

Veterinarian: _____

Comments/Follow Up: _____

