



FDOH-Clay County
**Animal Bite/Exposure
 Report**

Phone: 904-529-2848
 Fax: 904-529-1043

Information on Reporter of the Bite
Date of Report: _____
Name of reporter: _____
Name of physician/facility: _____
Phone Number: _____

Victim Information

Date of the bite/exposure: _____
 Name of the Victim: _____
 Sex: Male Female DOB: _____ Age: _____
 Address of the victim: _____
 City/State/Zip: _____
 Name of parent or guardian: _____
 Home phone: _____ Additional phone: _____
 Bite exposure Saliva in broken skin or mucous membrane or Both
 Location of wound or membrane exposed and the extent of the injury: _____

 Briefly describe the circumstances of the exposure: _____

 Address where the exposure occurred: _____
 Has the exposed victim ever had a rabies vaccine: Yes No If yes, date: _____
 Did the victim receive medical attention: Yes No If yes, where: _____
 Date of last tetanus shot: _____
 Payment method: Health Insurance Medicaid/Medicare Self Pay Other: _____

Animal Information

Type of Animal: Dog Cat Raccoon Bat Other (Please specify): _____
 Sex: Male Female Unknown Age of animal: _____ Unknown
 Breed/ Description of animal _____
 Did the animal appear healthy? Yes No Unknown
 Was the animal: Vaccinated Unvaccinated Unknown
 Was the animal a stray? Yes No Unknown
 If the animal was owned
 Name of Owner: _____
 Street address of owner: _____
 City/State/Zip: _____
 Home phone: _____ Alternate phone: _____
 Where is the animal located now? (please specify): _____

Please Notify Clay County Animal Control

Have you notified Clay County Animal Control? Yes Date notified: _____
 Clay County Animal Control
 Phone: 904-269-6342 / Fax: 904-284-7812

