

**Animal Exposure Case Report
Human Patients Only (Confidential)**

**Philadelphia Department of Public Health
Division of Disease Control**

Communicable Disease Control Program
500 S. Broad Street, Philadelphia, PA. 19146
Form available at hip.phila.gov



Patient Information

Report Date (Mo., Day, Yr.) ____/____/____	Name (Last, First, M.I.) _____	Parent or caretaker (if applicable) _____
Address (Number, Street, Apt #, City, Zip Code) _____		Telephone (Home) _____ (Cell) _____ (Work) _____
DOB (Mo., Day, Yr.) ____/____/____	Age ____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation _____		Employer/School Address (Number, Street, City, Zip Code) _____
Name of Employer or School _____		Employer/School Address (Number, Street, City, Zip Code) _____

Medical Information

Type of Exposure <input type="checkbox"/> Bite <input type="checkbox"/> Bat Exposure <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____	Date Exposure ____/____/____	Treatment Received? <input type="checkbox"/> Tetanus vaccine <input type="checkbox"/> No treatment <input type="checkbox"/> Antibiotics <input type="checkbox"/> Unknown <input type="checkbox"/> Rabies treatment	Fatal (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Death _____
Part of Body Bitten _____	If Case Hospitalized (Name of Hospital) _____	Admission Date ____/____/____	Discharge Date ____/____/____

Circumstances Surrounding Animal Exposure

The attack was (check one)
 Unprovoked Provoked

Animal Information

Animal Type <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Raccoon <input type="checkbox"/> Other _____	Animal Name _____	Animal Breed _____	Animal Color _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed or Neutered? <input type="checkbox"/> No <input type="checkbox"/> Yes
Did the animal exhibit any unusual symptoms? <input type="checkbox"/> No, animal appeared healthy <input type="checkbox"/> Yes Please explain: _____	Animal Belongs to Patient's Household? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	County Where Animal Exposure Occurred <input type="checkbox"/> Philadelphia <input type="checkbox"/> Other _____			
Current Location of Animal (check one) <input type="checkbox"/> Owner <input type="checkbox"/> ACCT <input type="checkbox"/> Unknown/No follow-up address <input type="checkbox"/> Veterinarian's Office <input type="checkbox"/> Stray <input type="checkbox"/> Submitting for Rabies Test	ACCT/Institute Animal ID# _____	Animal Rabies Vaccine Current? <input type="checkbox"/> No <input type="checkbox"/> Yes Date vaccinated: ____/____/____			
Name of Owner <input type="checkbox"/> Same as victim <input type="checkbox"/> Other _____	Address of Owner (Number, Street, City, Zip Code) _____			Telephone _____	

Reporter Information

Name of Person Reporting Case _____	Reporter <input type="checkbox"/> ICP <input type="checkbox"/> Veterinarian <input type="checkbox"/> ACCT <input type="checkbox"/> ED <input type="checkbox"/> Other _____	Telephone _____
Reporting Institution _____	Reporting Institution Address (Number, Street, City, Zip Code) _____	

DO NOT WRITE IN AREA BELOW - FOR DEPARTMENT USE

Name (Person Receiving Report) _____	Method of reporting <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Active Surveillance <input type="checkbox"/> Other _____
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**Any unusual illness, disease clusters or possible outbreaks should be reported immediately by telephone.
Please fax all completed reports to 215-238-6947, or call 215-685-6748 to report a case by telephone.**