

<b>Erie County Department of Health</b> <b>(814) 451-6711 or FAX (814) 451-6767</b> <b>ANIMAL ENCOUNTER REPORT</b>		<b><u>ECDH USE ONLY</u></b> Insight # _____ Entered Log _____ Disposition _____ <b>Report #</b> _____
Referral date _____	Referred by _____	
Facility _____	Facility phone _____	

<b>VICTIM INFORMATION</b>			
Name _____	DOB _____	Age _____	Sex: Male Female
Address _____	City _____	State _____	Zip _____
Parent(s) Name _____	Insurance Status _____		
Home Phone _____	Work / Cell Phone _____	Email _____	

<b>ENCOUNTER INFORMATION</b>				
Date of encounter _____	Type of animal _____	Breed or description _____		
Check reason:	animal eating/sleeping	breaking up fight	protecting turf	sick/injured animal
	touching/playing with animal	vet care	wild animal	other _____
Where did it happen: _____				
Type of exposure (check)	Bite	Scratch	Saliva to open or cracked skin	Saliva to mucous membrane
	Provoked	Unprovoked	Other _____	
Body part exposed _____				
Medical treatment _____	Tetanus:	Yes	No	Up To Date
		Unknown		
Treatment provided by _____		Phone _____		

<b>RABIES PRO</b>	Not Recommended	Recommended	Facility administering vaccine _____
RIG/Rabies pro <b>start</b> date _____	Estimated <b>end</b> of treatment date _____		
Treatment Dates _____			

<b>ANIMAL OWNER INFORMATION</b>				
Name _____				
Address _____	City _____	State _____	Zip _____	
Home phone _____	Work/Cell phone _____	Email _____		
Health status of animal _____	Date of last rabies vaccination _____	Due _____	None	Unknown
Veterinarian _____	Phone _____			

<b>ERIE COUNTY DEPARTMENT of HEALTH USE ONLY</b>				
<b>QUARANTINE &amp; TESTING INFORMATION</b>		Same Owner/Same Victim Notified	Phone	Mail
<b>EOQ</b> _____	Where quarantined _____	Healthy EOQ	Initial _____	Date verified _____
<b>Date Sent for Testing</b> _____	Sent by _____	Result _____	Victim notified date _____	

<b>ATTENTION: Mail or fax to: Erie Co. Dept. of Health, 606 West Second Street, Erie, PA 16507</b> <b>Phone (814) 451-6711 FAX (814) 451-6767</b>
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