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## Rabies Possible Exposure Report

Ohio laws and rules require mandatory reporting of possible human rabies exposure to the local health department in the jurisdiction in which the exposure occurred. If you are aware of a possible exposure within our county, please complete the form with *as much information as possible* and fax, email or call the Environmental Division with the following information.

### Incident Information:

Date of Incident: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Address of Incident: \_\_\_\_\_ City: \_\_\_\_\_  
Details of Incident: \_\_\_\_\_  
Reported by (Name): \_\_\_\_\_ Agency: \_\_\_\_\_

Did victim see a physician:  Yes  No  Unknown    Did victim receive post exposure vaccine?  Yes  No  
Details of Injury:     Bite exposure     Scratch exposure     Multiple exposures     Other

### Additional Information:

Animal Species:  Dog     Cat     Raccoon     Bat     Other: \_\_\_\_\_  
Animal Name: \_\_\_\_\_ Color: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
Animal Species:  Owned     Stray     Wild     Unknown

### Animal Owner Information:

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Owner SS#/DOB \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner City: \_\_\_\_\_ Owner State: \_\_\_\_\_ Owner Zip: \_\_\_\_\_

### Victim Information: (Required Information)

Victim Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Victim Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Is Victim a Minor?  No     Yes    *If Yes, Complete the following:*  
Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
*If different than victim information above:*  
Parent Address: \_\_\_\_\_



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