

Animal Bite Incident and Rabies Exposure Report

Please provide as much information as possible to enable Animal Control & Public Health follow-up.

- **Health care providers** – please complete Parts I and II and fax to Alameda County Public Health Department at (510) 273-3744.
- **All others** – complete Part I only and fax to the Animal Control Agency for the city where the bite occurred. A list of Animal Control fax and phone numbers is on page 3.

PART I. DESCRIPTION OF BITE INCIDENT, VICTIM, AND BITING ANIMAL

REPORTING PERSON, FACILITY OR AGENCY				
Facility/Agency	Person Completing Form	Telephone Number	Email Address	
Date when Bite Reported	Name of Person Reporting Bite	Telephone Number	Relationship to Bite Victim	
BITE INCIDENT				
Date and Time where Bite Occurred		Name and Contact Information of Other Witnesses _____ _____ _____		
Name of Place/Location where Bite Occurred (if applicable, such as name of park, etc.)				
Address: Number, Street				Apt./Unit No.
City	State			ZIP Code
Describe Circumstances of Bite Incident _____ _____ _____				
BITE VICTIM				
Name			Telephone Number	
Address: Number, Street		Apt./Unit No.	Mobile Number	
City	State	ZIP Code	Email Address	
Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth	Adult Guardian Name and Telephone Number (if victim < 18 years)		
BITING ANIMAL				
Animal Name	License or Identification Number		Age (years or months)	
Species	Breed/Physical Description			
Color	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Reproductive Status <input type="checkbox"/> Intact <input type="checkbox"/> Neutered/spayed <input type="checkbox"/> Unknown		
Address where Animal Kept or Recovered: Number, Street				
City	State	ZIP Code		

Ownership Status <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Feral <input type="checkbox"/> Livestock <input type="checkbox"/> Wild, unowned <input type="checkbox"/> Wild, captive <input type="checkbox"/> Unknown			
Owner/Responsible Party Name			Telephone Number
Address: Number, Street		Apt./Unit No.	Mobile Number
City	State	ZIP Code	Email Address
Where is the animal kept? <input type="checkbox"/> Outdoors only <input type="checkbox"/> Indoors only <input type="checkbox"/> Outdoors and indoors <input type="checkbox"/> Unknown			
Was the animal vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Most Recent Vaccination Date		Tag Number
Vaccine Name	Vaccinating Veterinarian Name		Vaccinating Veterinarian Telephone Number
Has the animal been ill within the last 10 days or acting abnormally at the time of the bite? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, Describe Illness/Abnormal Behavior		
Was the animal seen by a veterinarian for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date Seen
Veterinarian Name			Veterinarian Telephone Number
ADDITIONAL NOTES			
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PART II. MEDICAL TREATMENT OF BITE VICTIM (to be completed by healthcare provider)

Location of Bite Wound on Body		Did the bite break the skin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was the wound promptly cleaned with soap and water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Name of Medical Provider	Date and Time of Medical Care	Medical Provider Facility Address		
Medical Provider Phone #1	Medical Provider Pager/Phone #2	Medical Provider email	Was bite reported to animal control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify agency, date, time: <hr/> <hr/>	
Was the victim previously vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date(s) of Previous Rabies Vaccination			
Was rabies post-exposure prophylaxis (PEP) initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Name of Products Used			
HUMAN RABIES IMMUNE GLOBULIN & RABIES VACCINE PEP DATES				
HRIG	Day 0 Vaccine	Day 3 Vaccine	Day 7 Vaccine	Day 14 Vaccine

Signature: _____

Date: _____

ANIMAL CONTROL AGENCY PHONE, FAX, ADDRESS AND HOURS OF OPERATION

City Animal Control Agency	Address	Phone/Fax	Hours of operation
Alameda (City)	1555 Oak Street Alameda, CA 94501	Ph. (510) 461-3181 Fax (510) 337-9935	Wed-Sat 10 am -4 pm
Alameda (County) (unincorporated areas of Alameda County)	4595 Gleason Dr. Dublin, CA 94568	(925) 803-7042 or (7046) FAX (925) 803-7044	7 days a week 11 am-5:30 pm
Albany/ Berkeley	1 Bolivar Drive Berkeley, CA 94710	Ph. (510) 981-6600/6603 Fax (510) 981-6610	Mon, Tue, Thu, Fri, Sat: 10 am -4 pm Wed: 10 am-7 pm Sun: 11 am-3 pm
Fremont (Tri City Shelter)	1950 Stevenson Blvd. Fremont, CA 94537	Ph. (510) 790-6630 Fax (510) 790-6632	Tue-Sat 7 am- 5 pm
Hayward	16 Barnes Ct. Hayward, CA 94544	Ph. (510) 293-7200 Fax (510) 881-7930	Tues-Sat 1-5 pm
Livermore	1110 So. Livermore Ave. Livermore, CA 94550	Ph. (925) 371-4848 Fax 925) 371-4950	Mon-Fri 7 am -3 pm
Newark (Tri City Shelter)	37101 Newark Blvd. Newark, Ca 94560	Ph. (510) 790-7237 Fax (510) 794-2329	Mon-Thurs 6 am-4 pm
Oakland	1101 29 th Ave. Oakland, CA 94601	Ph. (510) 535-5604 Fax (510) 535-5601 Ans. Ph. 9-11 am	Mon, Tues: 4-7 pm Fri: 2-4 pm Sat, Sun: 12-5 pm
Piedmont / Emeryville	403 Highland Ave. Piedmont, CA 94611	Ph. (510) 420-3006 Fax (510) 420-1220	7 days a week 10 am -7 pm
Pleasanton (East Co Shelter)	4833 Bernal Ave Pleasanton, CA 94566	Ph. (925) 931-5100 Fax (925) 931-5480	Tues-Sat 10 am-6 pm
San Leandro (Tri City Shelter)	835 / 901 E. 14 th St. San Leandro, CA 94577	Ph. (510) 577-2740 Fax (510) 577-3296	Mon-Fri: 9 am-5 pm
Union City (Tri City Shelter)	34009 Alvarado Niles Rd. Union City, CA 94587	Ph.(510) 471-1365 Fax (510) 471-5974	Tues-Fri: 8 am-6 pm Sat-Mon: 8 am-4 pm