

LOUDOUN COUNTY HEALTH DEPARTMENT ANIMAL EXPOSURE REPORT

****WORKSHEET****

FAX the Report to 703 - 771 - 5023

Incident Details

Date of Incident: _____ Date of Report: _____ Received By: _____

Incident Address: _____ City: _____ Zip: _____

Source Animal Information

Species : Dog Cat Other Name: _____ Domestic Stray Wild

Male Neutered Female Spayed Breed: _____ Color: _____

Size: Small (< 20 lbs) Medium (20-50 lbs) Large (50 + lbs) Age: 0-4 MTHS 4-12 MTHS 12+ MTHS

Rabies Cert: Yes No Ukn Vac Date: _____ Exp. Date: _____ Tag/Vac #: _____

Vet Clinic: _____ Phone: _____

Verified By: _____ Date Verified: _____

Owner Name: Same as victim (Owner Bite) : _____

Owner Address: _____ City: _____ Zip: _____

Owner Phone (HM): _____ (WK): _____ (CELL): _____

Do not know (Animal at large) (e-mail): _____

Victim Information

First Name: _____ Last Name: _____ Male Female

Phone (HM): _____ (WK): _____ (CELL): _____

(e-mail): _____

Address: _____ City: _____ Zip: _____

Age (if < 18): _____ Parent Name (if victim < 18): _____

Are other persons involved? Yes No (if yes, please attach list)

Treatment / Medical Facility Information

Facility : _____ Lansdowne ER/PEDS ER Cornwall Campus

Phone: _____ Provider Name: _____

Type of exposure? Bite Scratch Other: _____ Provoked: Yes No

Location of injury: _____

Diagnosis: _____

Notes: _____

FAX the Report to 703 - 771 - 5023. If afterhours/weekends, DO NOT need to contact LCHD unless there are questions