

# LOUDOUN COUNTY HEALTH DEPARTMENT ANIMAL EXPOSURE REPORT

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Received By: \_\_\_\_\_  
Incident Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Incident Details: \_\_\_\_\_  
\_\_\_\_\_

Do not know

## SOURCE ANIMAL INFORMATION

Species:  Dog  Cat  Other Name: \_\_\_\_\_  Domestic  Stray  Wild  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  Male  Female  Spayed/Neutered  
Size:  Small (<20 lbs)  Medium (20-50 lbs)  Large (50 + lbs) Age:  0-4 MTHS  4-12 MTHS  12+ MTHS  
Owner Name: \_\_\_\_\_ County: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner Phone (Prim): \_\_\_\_\_ Secondary: \_\_\_\_\_

Same as Owner

## VICTIM INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone(Prim): \_\_\_\_\_ Secondary: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age (If<18): \_\_\_\_\_ Parent Name (If victim under 18): \_\_\_\_\_  
Are other persons involved? (If yes, please attach list)  No  Yes

## TREATMENT / MEDICAL FACILITY INFORMATION

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Type of exposure:  Bite  Scratch  Other: \_\_\_\_\_ Provoked:  Yes  No  
Injury Location: \_\_\_\_\_  
Final Diagnosis: \_\_\_\_\_  
Rabies Post Exposure Prophylaxis Initiated?  No  Yes (If Yes, please answer questions below)  
Prev Unvaccinated: Rabies Immune Globulin AND Rabies Vaccine Administered?  Yes  
or  
Prev Vaccinated: Rabies Vaccine Administered?  Yes

PLEASE FAX REPORT TO 703-771-5023 PRIOR TO SCANNING.

Patient Medical Record Stamp

CALL **IF** THERE ARE ANY QUESTIONS OR CONCERNS REGARDING THIS INCIDENT

- DURING BUSINESS HOURS (8:30AM-5PM): 703-777-0234
  - AFTER HOURS, WEEKENDS, HOLIDAYS (ON-CALL STAFF): 571-237-5091 **IF** Questions
- IF NO RESPONSE FROM ON-CALL STAFF, CALL ANY STAFF ON THE ON-CALL SCHEDULE.



Revised Dec 2019

