



Animal Exposure Report

St. Lawrence County Public Health Department
80 State Highway 310, Suite 2 ▪ Canton, New York 13617-1476
Phone: (315) 299-3456 ▪ Fax: (315) 386-2880
After 4 pm, weekends, or Holidays Leave Message 315-454-2363
**PLEASE COMPLETE FORM AND IMMEDIATELY FAX
TO 315-386-2880**

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| PLEASE CHECK ONE |
| DOG BITE _____ |
| CAT BITE _____ |
| OTHER: _____ |

AGENCY REPORTED BY: _____
AGENCY PHONE NUMBER: _____ EMPLOYEE COMPLETING FORM: _____
DATE REPORTED TO SLCPH: _____ DATE OF EXPOSURE: _____

1.) PERSON EXPOSED INFORMATION

PERSON'S NAME: _____ DOB: _____ GENDER: _____
ADDRESS: _____ PARENT IF UNDER 18: _____
PHONE: _____
RELATIONSHIP TO PET OWNER: NONE / SELF / FRIEND / RELATIVE / OTHER: _____

2.) EXPOSURE INFORMATION

EXPOSURE ADDRESS: _____ SKIN BROKEN? Yes / No
ANTIBIOTIC? Yes / No TYPE: _____ TETANUS SHOT? Yes / No UTD
SITE OF EXPOSURE: _____
DATE TREATED: _____ TREATED BY: _____

3.) DID PUBLIC HEALTH AUTHORIZE POST-EXPOSURE TREATMENT? YES / NO

4.) ANIMAL OWNER INFORMATION

OWNER NAME: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____
LIVE IN ST. LAWRENCE COUNTY: YES / NO TOWNSHIP: _____

5.) DESCRIPTION OF ANIMAL

STRAY: YES / NO COLOR: _____ BREED: _____
PET'S NAME: _____ SEX: MALE / FEMALE AGE: JUVENILE / ADULT
COLOR: _____ CURRENT RABIES VACCINE: YES / NO EXPIRES: _____

6.) LAW ENFORCEMENT AGENCY REPORTED TO

AGENCY: _____ PHONE #: _____
NAME OF OFFICER: _____ DOG CONTROL NOTIFIED? YES / NO

7.) DETAILED DESCRIPTION OF INCIDENT

PUBLIC HEALTH USE ONLY:
CASE #: _____ END OF CONFINEMENT: _____