



Rabies Exposure Investigation Form

Phone: (716) 753-4481 • Fax: (716) 753-4344 • EHU@chqgov.com

Facility Name & Phone _____ Date _____

Patient / Victim Information

Name _____ Age _____ Date of Birth _____

Parent/Guardian _____ Main Phone _____

Address _____ City/State/Zip _____

Alternate Phone _____ Email _____

Incident / Injury Information

Date of incident _____ Body part(s) injured _____

Type of injury Bite Scratch Other _____

Incident detail Animal eating/sleeping Breaking up fight Startled/scared Sick/injured animal

Playing with animal Other / more detail: _____

Animal Information

Animal is (dog, cat, bat, etc.) _____ Animal is Pet Stray Wildlife Unknown

Animal Name _____ Age _____ Color _____

Breed / Description _____

Where is animal? Victim's home Owner's home Unknown Other _____

Owner's Name _____ Main phone _____

Address _____ City/State/Zip _____

Alternate phone _____ Email _____

Does animal have a current rabies vaccination? Yes No Unknown

Veterinarian _____ Vet Phone _____

This Section to be Completed by Medical Personnel Only

Rabies PEP authorized No Yes (by whom?) _____

Patient weight _____ Medical Information completed by _____

Vaccine: HDCV or PCEC site/dose _____

HRIG (list sites/doses) _____

If a domestic animal can be monitored for 10 days then post-exposure treatment is not required.

ALL exposure incidences must be reported to Chautauqua County Health Department. Forms can be faxed (716-753-4344) or emailed (EHU@chqgov.com).