



ANIMAL BITE/EXPOSURE REPORT FORM

Victim's Name: _____ DOB: _____ Age: _____ Sex: _____

Parent's Name: _____ (If victim is minor child)

Address: _____

Phone (H): _____ (C): _____

Owner's Name: _____ Phone (H): _____ (C): _____

Address: _____

Type of Animal: _____ Is the Animal: Pet Stray Wildlife Biting History: Yes No

Name of Pet: _____ Breed: _____ Color: _____ Male Female

Age: _____ Date of Rabies Vaccination: _____

Is the animal licensed in Delaware County: Yes No Unknown If yes, Tag # and year: _____

Veterinary Information: _____ Phone: _____

Date of Incident: _____ Bite Scratch Other Location of wound(s): _____

Skin broken: Yes No Was there blood: Yes No

Where did the incident occur: _____

Briefly describe what happened: _____

Date of Treatment: _____ Facility Where Treated: _____

Name of Physician: _____ Phone: _____

Type of Treatment: Wound Cleansed Antibiotic Tetanus Sutures Other: _____

Post Exposure Prophylaxis (PEP): Yes No

Person's Name Completing Form: _____ Phone: _____

REPORTING INFORMATION

Animal Bites MUST be reported by telephone, email, or FAX within 24 hours

Phone: (484) 276-2100

FAX: (484) 534-5660

Email: AnimalReporting@co.delaware.pa.us