

**PLEASE REPORT ANIMAL
BITES/EXPOSURES:**

**LAKE COUNTY SHERIFF'S OFFICE
ANIMAL ENFORCEMENT
PHONE (352) 343-2101
BITE COORDINATOR FAX (352) 742-9563
DISPATCH FAX (352) 742-4628**

**FLORIDA DEPARTMENT OF HEALTH
IN LAKE COUNTY
PHONE (352) 253-6130
AFTER HOURS (352) 728-7662
ENVIRONMENTAL HEALTH FAX (352) 253-6140
EPIDEMIOLOGY FAX (352) 669-3166**

<http://www.floridahealth.gov/diseases-and-conditions/rabies/index.html>



ANIMAL BITE REPORT and RABIES CONTROL INVESTIGATION

Date Reported:		Initial report received by:		1a. HD Case Number:		1b. AC Case Number:	
2. Name (Last, First):				3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age: DOB:	
5. Telephone:				Alternative Phone:			
6. Address (No. & Street):		City		State		Zip	
7. Name of Parent/Guardian (if victim is minor):		8. Address (if different than above)		9. Source of Information (person or office): Phone:			
10. Place of Incident (street or yard @ address):		12. Describe circumstances of incident: <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> K-9 (Police Dog)					
11. Date and Time of Incident:							
13. Owner Name (last, first):				Telephone:			
14. Address (No. and Street)		City:		State:		Zip:	
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:		<input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild		16. License Number/Agency:			
17. Animal's Name:		Predominant Breed:		Color/Markings:		Age:	
						Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered	
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown				19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated		Veterinarian:		Date Vaccinated:		Tag No:	
						<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year	
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined/Quarantined		From (date):		To (date):			
22. Quarantine Location: LCAS Home Cage Number: Animal ID Number:		If quarantined at home, has a Home Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. If the animal died, cause of death? <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:							
24. Quarantine Released:		Date:		By:		Per:	
		<input type="checkbox"/> Animal is alive and looks/acts normal.					
25. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal				26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted			
27. Remarks:							
28. <input type="checkbox"/> Head sent to lab.		29. Lab Results (circle one): <div style="text-align: center;">POSITIVE NEGATIVE UNSATISFACTORY</div> Lab contact reporting results: Date: Rec'd By:					
Date: By:							
30. Victim Notified By: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail				Date: By:			
31. <input type="checkbox"/> Case Closed Date: By:				32. Person Completing Form: Phone:			