Monroe County Department of Public Health (MCDPH)
ANIMAL BITE/CONTACT REPORT
Form to be completed by Medical Personnel

MCDPH ONLY
Name: ___________________________
Date____/_____/____ Time ________

MCDPH MUST BE NOTIFIED OF ALL ANIMAL BITES/CONTACT INCIDENTS

Non-Routine Exposure: Bite or contact with saliva from wildlife or domestic animal not vaccinated against rabies.
Notify MCDPH IMMEDIATELY by phone.
Business hours (8:30pm-4:30pm): (585) 753-5171 **After-hours, Holidays, & Weekends**: (585) 753-5905
Email completed form to rabies@monroecounty.gov or fax to (585) 753-6014.

Routine Exposure: Bite or saliva contact from domestic animal currently vaccinated against rabies and individuals bitten by their own pet. Email completed form to rabies@monroecounty.gov or fax to (585) 753-6014.
No call is required.

PERSON/ANIMAL EXPOSED:
Name: ____ DOB: ____/____/____ Sex: ☐Male ☐Female ☐Unknown
If victim is a Minor, name of parent or legal guardian: ____
Address: ____ City: ___________________ Zip Code: ___________
Primary Phone: (____) ____________________ Secondary phone: (____) ____________________
Email: ____

INCIDENT INFORMATION: Date of Bite/Contact: ____/____/____ Time: ____:____ ☐ AM ☐PM
Location/Address of Incident: ____
Site of bite wound: ____
Describe Incident & Exposure: ____
____

ANIMAL INFORMATION:
Owner of Animal: ____
Address: ____ City: ______________________ Zip Code: ___________
Phone: (____) ______________________ Email: ____
Species: __________________ Breed: ___________________________ ☐ Domestic ☐ Wild/Stray
Animal Name: ____________________ Age: ___________ Vaccinated for Rabies: ☐Yes ☐ No ☐ Unknown
Vaccination Date: ____/____/____ Expiration Date: ____/____/____
Name of Veterinarian: ____ Phone: (____) _____________

RABIES POST EXPOSURE RABIES PROPHYLAXIS (RPEP): Was RPEP initiated? ☐Yes ☐ No Date:____/____/____
*******Before rabies post-exposure prophylaxis treatment is initiated, medical personnel MUST call MCDPH*******
Name of MCDPH Staff Who Authorized Treatment:____
Provider of Treatment: ____
RIG Dose/Site: _________________________________ HDCV Dose/Site: ______________________________

Reported By: ______________________________ Agency: ___________________ Phone: (____) _____________
Email: ___________________________________ Date: ____/____/____ Time: ____:____ ☐ AM ☐PM

ADDITIONAL NOTES: