



DUTCHESS COUNTY DEPARTMENT OF HEALTH
 Environmental Health Services Division
 387 Main Street, Poughkeepsie, NY 12601
 Tel: (845) 486-3404 Fax: (845) 486-3545

Suspected Rabid Animal or Rabies Exposure Report

Instructions: The REPORTER fills out section A-D. DCDOH personnel should complete Section E.

SECTION A. Patient

Last Name _____ First Name _____ Age _____
 Street Address _____ City/Town _____
 State _____ Zip _____ Home Phone _____ Cell/Work Phone _____

SECTION B. Animal

Date _____ Description _____
 Suspected Animal _____ Domestic/Wild _____
 Domestic pet vaccination status: Actively Immunized? (Date of immunization) _____
 Date unvaccinated animal immunized _____ Vet. Name _____

SECTION C. Owner of Animal

Name _____ Phone _____
 Address _____ Town, City, Village _____

SECTION D. Agency

Reported By _____ Agency _____ Phone _____

SECTION E. Follow-Up (For DCHD use only)

Person Completing Report _____

Investigation Record
 Initial Investigation by _____ Phone _____ Letter _____ Visit _____
 Follow up Investigation by _____ Phone _____ Letter _____ Visit _____

Select one or more of the following:
 Animal Confinement Period: From _____ To _____
 Animal Destroyed: Date _____ Method _____
 Shipped to Lab: Date _____ by _____ via _____

Remarks:

