



Briefly describe the circumstances of the exposures.

How many people were exposed?

1      2      3      More than 3      Unknown

Please list any additional human exposure notes.

1. Exposed Person Contact Information

Name:

Address:

City:

State:

Zip Code:

County:

Phone Number:

Email:

Type of Exposure:      Bite (Any penetration of the skin by teeth)      Other

If other, what type of non-bite exposure?

- A scratch that broke the skin
- Saliva or neural tissue contacting an open wound or break in the skin.
- Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.
- Other, please specify:

|  |   |        |
|--|---|--------|
| Has the exposed person received post exposure rabies treatment?<br>Yes                      No                      Unknown  |   |        |
| If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began.   |   |        |
| <b>2. Exposed Person Contact Information</b>   |   |        |
| Name:  |   |        |
| Address:   | City:                                       | State: |
| Zip Code:  | County:                                     |        |
| Phone Number:  | Email:                                      |        |
| Type of Exposure:  | Bite (Any penetration of the skin by teeth) | Other  |
| If other, what type of non-bite exposure?<br>A scratch that broke the skin<br>Saliva or neural tissue contacting an open wound or break in the skin.<br>Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.<br>Other, please specify: |   |        |
| Has the exposed person received post exposure rabies treatment?<br>Yes                      No                      Unknown  |   |        |
| If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began.   |   |        |
| <b>3. Exposed Person Contact Information</b>   |   |        |
| Name:  |   |        |
| Address:   | City:                                       | State: |
| Zip Code:  | County:                                     |        |
| Phone Number:  | Email:                                      |        |
| Type of Exposure:  | Bite (Any penetration of the skin by teeth) | Other  |
| If other, what type of non-bite exposure?<br>A scratch that broke the skin<br>Saliva or neural tissue contacting an open wound or break in the skin.<br>Saliva or neural tissue contacting mucus membranes such as the eyes, nose, or mouth.<br>Other, please specify: |   |        |

|  |         |        |
|--|---------|--------|
| Has the exposed person received post exposure rabies treatment?  |         |        |
| Yes                  No                  Unknown   |         |        |
| If yes, please list the name of the hospital or clinic where treatment was given and date post exposure treatment began. |         |        |
| <b>1. Animal Exposure Information</b>  |         |        |
| Were any domestic animals exposed to the tested animal?  |         |        |
| Yes                  No                  Unsure  |         |        |
| How many animals were exposed?   |         |        |
| 1                  2                  3                  More than 3                  Unsure                             |         |        |
| Species of animal exposed:   |         |        |
| Cat                  Cow                  Dog                  Ferret                  Horse                  Other      |         |        |
| Owner Name:  |         |        |
| Address:   | City:   | State: |
| Zip Code:  | County: |        |
| <b>2. Animal Exposure Information</b>  |         |        |
| Species of animal exposed:   |         |        |
| Cat                  Cow                  Dog                  Ferret                  Horse                  Other      |         |        |
| Is the owner contact information the same as the previous animal?  |         |        |
| Yes                  No (if no, please fill out owner information below)   |         |        |
| Owner Name:  |         |        |
| Address:   | City:   | State: |
| Zip Code:  | County: |        |
| <b>3. Animal Exposure Information</b>  |         |        |
| Species of animal exposed:   |         |        |
| Cat                  Cow                  Dog                  Ferret                  Horse                  Other      |         |        |
| Is the owner contact information the same as the previous animal?  |         |        |
| Yes                  No (if no, please fill out owner information below)   |         |        |
| Owner Name:  |         |        |
| Address:   | City:   | State: |
| Zip Code:  | County: |        |

For any additional human or animal exposures, use the back of this form to note the details.