

Erie County Department of Health
606 West Second Street, Erie, PA 16507
(814) 451-6711

ATTENTION - FAX report to: 814-451-6767

ANIMAL ENCOUNTER REPORT

Referral date _____ Referred by _____
Facility _____ Facility phone _____

ECDH USE ONLY

Insight # _____
Entered Log _____
Disposition _____
Report # _____

VICTIM INFORMATION

Name _____ DOB _____ Age _____ Sex: Male Female
Address _____ City _____ State _____ Zip _____
Parent(s) Name _____ Victim Insured? Yes No
Home Phone _____ Work / Cell Phone _____ Email _____

ENCOUNTER INFORMATION

Date of encounter _____ Type of animal _____ Breed or description _____
Check reason: animal eating/sleeping breaking up fight protecting turf sick/injured animal stray
 touching/playing with animal vet care wild animal other _____ Unknown
Where did it happen: _____
Type of exposure (check) Bite Scratch Saliva to open or cracked skin Saliva to mucous membrane
 Provoked Unprovoked Other _____
Body part exposed _____
Medical treatment _____ Tetanus: Yes No Up To Date Unknown
Treatment provided by _____ Phone _____

RABIES PRO Not Recommended Recommended Facility administering vaccine _____
RIG/Rabies pro **start** date _____ Estimated **end** of treatment date _____
Treatment Dates _____

ANIMAL OWNER INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Work/Cell phone _____ Email _____
Health status of animal _____ Date of last rabies vaccination _____ Due _____ None Unknown
Veterinarian _____ Phone _____

ERIE COUNTY DEPARTMENT of HEALTH USE ONLY

QUARANTINE & TESTING INFORMATION Same Owner/Same Victim Notified Phone Mail
EQO _____ Where quarantined _____ Healthy EQO Initial _____ Date verified _____
Date Sent for Testing _____ Sent by _____ Result _____ Victim notified date _____

