



**St. Lawrence County
PUBLIC HEALTH DEPARTMENT**
80 State Highway 310, Suite 2
Canton, New York 13617-1476

PLEASE CHECK ONE	
DOG BITE _____	
CAT BITE _____	
OTHER _____	

ANIMAL EXPOSURE REPORT

THIS FORM CONTAINS "**TIME SENSITIVE**" MATERIAL

PLEASE **COMPLETE** FORM AND FAX **IMMEDIATELY** TO: **315-386-2880**
Phone: 315-386-2325 (M-F 8am-5pm) After hrs:315-454-2363

PLEASE PRINT FORM INFORMATION

REPORTED BY:	AFFILIATION:
REPORTER'S PHONE # :	ADDRESS:
DATE REPORTED TO SLCPH:	TIME: AM/PM
1.) PERSON EXPOSED	
PERSON'S NAME	AGE:
HOME PHONE #:	ALTERNATE PHONE #:
ADDRESS:	
(IF VICTIM IS A MINOR UNDER 18 Y/O) PARENT'S NAME:	
2.) EXPOSURE	
DATE OF BITE/SCRATCH:	
SITE OF EXPOSURE:	
WOUND TREATMENT (describe):	
DATE TREATED:	TREATED BY: <input type="checkbox"/>
3.) PUBLIC HEALTH AUTHORIZED POST-EXPOSURE TREATMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
4.) ANIMAL OWNER	
NAME OF ANIMAL OWNER:	
HOME PHONE #:	ALTERNATE PHONE #:
ADDRESS:	
★ LIVE IN ST. LAWRENCE CO.: YES <input type="checkbox"/> NO <input type="checkbox"/> Live in the Township of: _____	
5.) DESCRIPTION OF ANIMAL	
CAT <input type="checkbox"/>	DOG <input type="checkbox"/>
STRAY: Y / N	OTHER:
COLOR: M / F	BREED: PET'S NAME:
RABIES VACCINATION: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE VACCINE EXPIRES:	
ANIMAL CONFINED: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE CONFINED: WHERE CONFINED:	
OR WAS ANIMAL SUBMITTED FOR RABIES TESTING: YES <input type="checkbox"/> NO <input type="checkbox"/>	
SUBMITTED BY:	
6.) LAW ENFORCEMENT AGENCY REPORTED TO	
AGENCY:	PHONE #:
NAME OF OFFICER:	
Comments and Description of Incident:	