

Onondaga County Health Department

Joanne M. Mahoney, County Executive
Cynthia B. Morrow, MD, MPH, Commissioner of Health





Division of Environmental Health Kevin L. Zimmerman, Director Animal Disease Prevention (315) 435-3165 fax (315) 435-1651

TO BE COMPLETED BY MEDICAL PERSONNEL SUSPECT RABIES REPORT

Rabies is a fatal disease. Biting animals must be tested or quarantined for 10 days and examined. Health Department Personnel are available **24 hours a day at 315-435-3165** for questions regarding Post-Exposure Prophylaxis. This report must be sent to Animal Disease Prevention within **72 hours of the incident**.

Date & Time of Animal Exposure								
Animal Description (Dog, Cat, Name, Breed, etc.)								

MEDICAL PERSONNEL MUST CALL COMMUNICABLE DISEASE AT 315-435-3236 (AFTER HOURS CALL 315-435-3165) FOR PRE-APPROVAL OF ALL RABIES POST-EXPOSURE PROPHYLAXIS

(Please Print)											
Victim					DOB	Sex	Compl	aint No.			
Address (include city and zip code)					Phone						
If victim is a MINOR, Name of par	ent or legal guardian										
Owner of animal		Address(incl	Address(include city and zip code)								
Owner of animal notified Yes () No ()	By Whom?	I	Date				e & Time notified				
LOCATION OF OCCURRENCE Address:	Where is the animal now?										
Where was victim treated?	Date & Tin	Date & Time treated		Name of doctor treating							
Treatment Provided (Antibiotics, X	X-Rays, Stitches, Etc.			L							
Name of Veterinarian			Vaccination status of animal								
REMARKS: (Dabove.)	escribe location	on and severity o	f bite, and a	ll other	pertinen	ıt data	not lis	ted			
STATUS Completed ()		Reported by:			Agency:						
Completed () Needs follow-up ()]	Phone Numb	er:					