

Onondaga County Health Department

J. Ryan McMahon II, County Executive Kathryn Anderson, MD, PhD, MSPH, Onondaga County Commissioner of Health



4170 Route 31, Clay, NY 13041

Division of Environmental Health Lisa A. Letteney, P.E., Director

Animal Disease Prevention (315) 435-3165 • fax (315) 435-1651

Suspect Rabies Report To be completed by medical personnel and faxed to 315-435-1651

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 fille	Data:	Timo
	Date:	Time:
	I Description: (dog, cat, name, breed, etc.
Animal Description: (dog, cat, name, breed, et		

ictim:				Sex: ☐ M ☐ F	Complaint N	No.
((Name)		(Date of Birth)		•	
ddress:					Phone:	
((Street)		(City)	(ZIP Code)	_	
victim is a M	IINOR, name	of parent or lega	l guardian:			
wner of Anin	nai: (Nam	۵۱				
ddress:	(IVaiii	<i>C)</i>			Phone:	
	(Street)		(City)	(ZIP Code)	1	
wner	•	Ву			en	
otified?	Yes 🗌 No	Whom:			tified:	
		(Name	e)		(Date an	d Time)
ocation of Oc	currence:					
		(Address)				(ZIP Code)
Where is the nimal now?						
nimai now:	(Address)					(ZIP Code)
/here victim	(/100/033)					(Zii code)
as treated:			When:	By:		
reatment Pro	ovided		(Date and	time of treatment) (Na	me of doctor provid	ing treatment)
ntibiotics, X-Rays,						
VII CONANALINIA	CABLE DISEASI	AT 315-435-3236 (A	AFTER HOURS 315-435-3	165) FOR PREAPPROVAL	OF RABIES POST	EXPOSURE PROPHY
ALL COMMODIA			V	accination		
				atus of animal:		
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lame of			st	atus or animai.		
lame of eterinarian:	scribe location	on and severity of	si bite, and all other po		ed above)	
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Name of veterinarian: Remarks: (Des	scribe location	Reported		ertinent data not liste	,	