



ANIMAL BITE/BAT EXPOSURE REPORT

Provide all information below and fax completed report to
586-783-0906 Within 24 Hours

Victim/Patient Information (please print):

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Phone _____ County of Residence _____

Type of Injury (circle one): BITE SCRATCH ANIMAL SALIVA ON WOUND/MUCOSA POSSIBLE EXPOSURE TO BAT

Date of Incident _____ City where incident occurred _____

Skin Broken (circle one): YES NO Part of body injured _____

Medical Treatment obtained (circle one): YES NO Treating Facility _____

Physician Name _____ Date of Treatment _____

Animal and Owner Information (please print):

Animal Species (circle one): DOG CAT BAT OTHER – PLEASE SPECIFY _____

Breed _____ Color _____

Status (circle one): DOMESTIC STRAY WILDLIFE If Stray/Wildlife, has animal been captured: YES NO

Sex: MALE FEMALE UNKNOWN Rabies Vaccination Current: YES NO UNK Exp. Date _____

Owner Name _____ Phone _____

Address _____ City _____ Zip _____

County of Residence _____ *(If other than Macomb County - you must contact Animal Control in the County where animal owner resides for reporting instructions)*

Summary of Incident _____

Reporting Agency _____ Phone number _____

Person Reporting _____

Health Department/Animal Control Use only	
Animal Confined: Y N	Address where confined _____
Confinement end date _____	Outcome _____
Rabies Test: Y N	Result: Neg Pos Inconclusive Result Date _____