



VETERINARY PUBLIC HEALTH PROGRAM

Domestic vs Wild Mammal Incident Report Form



Instructions: Use this form to report domestic vs wild mammal incidents to the Veterinary Public Health Program at the Los Angeles County Department of Public Health. For more information about rabies in Los Angeles County, visit our website: <http://publichealth.lacounty.gov/vet>.

Date form completed: _____ Please submit completed form to vet@ph.lacounty.gov OR fax to (213) 481-2375.

1. REPORT INFORMATION					
Report date:	Reporter name (victim, owner, etc.):	Reporter phone #:	Reporter email:		
2. AGENCY/CLINIC TAKING REPORT					
Facility submitting report:		Submitter name:		Facility phone #:	
3. WILD ANIMAL INFORMATION					
Type of wild animal: <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon <input type="checkbox"/> Opossum <input type="checkbox"/> Other: _____			Wild animal status: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input type="checkbox"/> Captured/destroyed/died		
Specimen prepared for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Location of specimen (clinic/shelter):		Impound #:	Date euthanized:
4. DESCRIPTION OF INCIDENT					
Date bitten:		Time bitten (AM/PM):		Country where incident occurred (if not US):	
Street address where incident occurred:			City:	State:	Zip code:
How bite occurred (explain):					
Type of injury to domestic animal:					
5. DOMESTIC ANIMAL OWNER					
Animal owner first name:			Animal owner last name:		
Street address (building #, street name, apt/unit#):			City:	State:	Zip code:
Animal owner phone #:			Animal owner email address:		
6. DOMESTIC ANIMAL INFORMATION					
Domestic animal species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____		Breed:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	Sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Animal name:		Animal color:	Animal died: <input type="checkbox"/> Yes <input type="checkbox"/> No Euthanized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Y, reason:
Rabies vaccine currently up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			Date of last vaccine:		<input type="checkbox"/> 1 yr vax <input type="checkbox"/> 3 yr vax
Rabies vaccinated <i>after</i> wildlife contact: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			Date of re-vaccination after wildlife contact:		
Animal licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		Jurisdiction animal licensed in:		License number:	Expiration Date:
Current location of animal: <input type="checkbox"/> Home address <input type="checkbox"/> Shelter <input type="checkbox"/> Veterinary clinic <input type="checkbox"/> Other: _____					
Animal impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No		Shelter:		Impound #:	Cage:
7. ADDITIONAL INFORMATION/COMMENTS:					