



ANIMAL BITE REPORT FORM

Long Beach Department of Health and Human Services
Communicable Disease Control Program (CDCP)
TEL: (562) 570-4302 | FAX: (562) 570-4374

CDCP Use Only	
<input type="checkbox"/>	Screened for PEP
<input type="checkbox"/>	Recorded
<input type="checkbox"/>	Sent to ACS
<input type="checkbox"/>	Initials: _____

Please note: The information provided will be used in evaluating risk for rabies and recommendation for rabies post-exposure prophylaxis (PEP). After completing this form, please fax to the CDCP. If you have questions, please contact the CDCP at (562) 570-4302.

Person Bitten Information			
Name:		DOB: ____ / ____ / ____	Gender (Optional):
Parent/Guardian if Minor:		Phone #:	
Home Address:		City:	State: Zip:
How Bite Occurred:			
Address where bitten (or cross-streets):		City:	State: Zip:
Location on Body Where Bite Occurred:		Date Bitten:	Time Bitten:
Animal/Owner Information			
Owner Name:		Phone #:	
Home Address:		City:	State: Zip:
Type of Animal:	Breed:	Animal Impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="radio"/> Dog	Sex:	If yes, what shelter:	
<input type="radio"/> Cat	Color:	Impound #:	
<input type="radio"/> Other: _____			
Treatment			
Type of Treatment:		Date of Tx:	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Rabies Vaccine given?	<input type="radio"/> Yes <input type="radio"/> No	Date:	Was Human Rabies Immunoglobulin given? <input type="radio"/> Yes <input type="radio"/> No
Treated By:		Phone #:	
Facility Taking Report:	Date:	Time:	Faxed: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Initials:
Additional comments:			