WILLIAMSON COUNTY & CITIES HEALTH DISTRICT

Animal Exposure Case Tracking Form

☐ OMS ID: _____ ☐ OOC: _____

Victim's Name: _____
Last First

Address: _____

City: _____ County: _____ Zip: _____

Date Of Birth:_____/_____/_____ SEX: ☐ Male ☐ Female ☐ Unknown

Phone :( ) _____-_____ or ( )_____-_____

Parent/Guardian: _____

Physician: _____ Phone :( ) _____-_____

Physician's Address: _____

_____

Report Given to: _____

Phone: (512) _____-_____

Date: _____/_____/_____

Date of Exposure: _____/_____/_____

Time: _____:_____ ☐ AM ☐ PM

The incident involved a ☐ bite ☐ exposure

Physical address of the incident:

_____

_____

TYPE OF ANIMAL

☐ Dog ☐ Cat ☐ Wildlife: _____

☐ Ferret ☐ Other: _____

Was victim familiar with the animal?

☐ Yes ☐ No ☐ Unknown

DESCRIPTION OF ANIMAL (color, size, approximate age, etc.)

_____

_____

DESCRIPTION OF BITE WOUND (if applicable)

Bite location on victim (check all that apply):

☐ Extremities (hand, arm, foot, leg)

☐ Head/neck ☐ Torso (body)

Details: _____

_____

RABIES VACCINE STATUS – ANIMAL

☐ Known, date of last vaccination: _____/_____/_____

☐ No vaccine history

☐ Unknown*

**Not eligible for Home Quarantine*

ANIMAL OWNERSHIP

Animal owned by:

☐ Victim/family pet

☐ Relative, friend, or other person

☐ Unknown

At time of bite, the biting animal was:

☐ Unrestrained off owner's property*

☐ Unrestrained on owner's property

☐ Restrained (fence, leash, cage)

**Not eligible for Home Quarantine*

CIRCUMSTANCES OF THE BITE
(see back of this form to add more details)

☐ Victim chased by animal (jogging, biking)

☐ Playing

☐ Protecting territory, property, food, pups, etc.

☐ Injured/sick

☐ Fighting with another animal

☐ Abused/teased

☐ Victim attempted to pet or pick up

☐ Other (describe on back of this form)

Exposure took place on property of:

☐ Victim ☐ Relative/friend ☐ Business

☐ Other property _____

Details: _____

_____

_____

_____

MEDICAL CARE/TREATMENT

☐ Hospitalized for bite treatment

Hospital:_____

Date of Admission: _____/_____/_____

Date of Discharge: _____/_____/_____

☐ Medical exam, treated as outpatient

☐ Minor injury, home treatment

REFERRAL

Did WCCHD refer victim to a physician or hospital?

☐ Yes, who/which one: _____

☐ No

Did WCCHD recommend Ig treatments for the victim?

☐ Yes

☐ No

RABIES VACCINE STATUS – VICTIM

☐ Yes, date of last vaccination/Ig treatment:
_____/_____/_____

☐ No vaccine history

FINAL DISPOSITION OF ANIMAL

☐ Animal NOT captured/surrendered/tested

☐ Animal quarantined

- ☐ Licensed Rabies Quarantine Facility
- ☐ Veterinary Clinic
- ☐ Home Quarantine
  - Date placed in quarantine:
    _____/_____/_____

☐ Animal submitted for testing

Date sent: _____/_____/_____

Rabies Results

- ☐ Positive
- ☐ Negative
- ☐ Destroyed/decomposed/unsatisfactory
- ☐ Inconclusive

☐ Date victim notified: _____/_____/_____

REFERENCE INFORMATION

Animal owner: _____

Address: _____

Phone: ( ) _____-_____ or ( )_____-_____

Rabies Quarantine Facility: _____

Phone: ( ) _____-_____ Manager: _____

Veterinarian: _____

Phone: ( ) _____-_____ Emergency: ( )_____-_____

Local Rabies Control Authority: _____

Phone: ( ) _____-_____ Emergency: ( )_____-_____

INVESTIGATION STATUS

Investigation Start Date:_____/_____/_____Investigation Completed: _____/_____/_____☐**Unable to obtain information**

Animal Bite Case Tracking Form (continued)

☐ OMS ID: _____

Note:

- High Risk Wildlife = bats, coyotes, foxes, raccoons, skunks
- Low Risk Wildlife = armadillos, hares, moles, opossums, rabbits, rodents (hamsters, gerbils, gophers, mice, nutria, prairie dogs, rats, squirrels, etc.), shrews