



Onondaga County Health Department

J. Ryan McMahon II, County Executive
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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 and time of animal exposure:
 Date: _____ Time: _____
 Animal Description: (dog, cat, name, breed, etc.)

Medical personnel must call communicable disease at 315-435-3236 (after hours 315-435-3165) for pre-approval of all rabies post-exposure prophylaxis.

Victim: _____ Sex: M F **Complaint No.** _____
(Name) (Date of Birth)

Address: _____ **Phone:** _____
(Street) (City) (ZIP Code)

If victim is a **MINOR**, name of parent or legal guardian: _____

Owner of Animal: _____
(Name)

Address: _____ **Phone:** _____
(Street) (City) (ZIP Code)

Owner Notified? Yes No **By Whom:** _____ **When Notified:** _____
(Name) (Date and Time)

Location of Occurrence: _____
(Address) (ZIP Code)

Where is the animal now? _____
(Address) (ZIP Code)

Where victim was treated: _____ **When:** _____ **By:** _____
(Date and time of treatment) (Name of doctor providing treatment)

Treatment Provided
(Antibiotics, X-Rays, stitches, etc.): _____

CALL COMMUNICABLE DISEASE AT 315-435-3236 (AFTER HOURS 315-435-3165) FOR PREAPPROVAL OF RABIES POST EXPOSURE PROPHYLAXIS

Name of veterinarian: _____ **Vaccination status of animal:** _____

Remarks: *(Describe location and severity of bite, and all other pertinent data not listed above)*

STATUS: Completed Needs Follow-Up **Reported by:** _____ **Agency:** _____ **Phone:** _____