

T-

HRIG Location

Sent to Nursing by _____

Putnam County

Department of Health

1 Geneva Road, Brewster, New York 10509
(845) 808-1390

Case#

Inspector:

All animal bites suspected of transmitting rabies are required to be reported to the Health Department within 24 hours per part 2.14 NYS Sanitary Code.

Email: fax.healthrabies@putnamcountyny.gov Fax # (845) 278-7921

****Health Dept. Emergency Hotline (after hours, holidays, & weekends) (845) 808-1390 x3****

RABIES CONTROL REPORT

TO BE FILLED IN BY REPORTING AGENCY

Reported by: _____ Phone#: _____ Date: _____

Incident Date: _____ Incident Type (Bite, Scratch, Contact): _____

Animal Description: Dog Cat Bat Other: _____

Color of Animal: _____ Breed: _____ Age: _____ Sex: _____ Pet's Name: _____

Vet Info: _____ Rabies Vax History: _____

How do you know animal owner? _____

Person/Animal Exposed: _____ DOB: _____

Address: _____

Phone#: _____ Alternate Phone#: _____

Vet Info: _____ Rabies Vax History: _____

Email: _____ Skin Broken? Y N

Part of Body Exposed: _____

Owner/Finder of Suspect Animal: _____ Phone#: _____

Address: _____

Email: _____ Alternate Phone #: _____

Remarks: _____ Confinement Ends: _____

Comments:

Case#