COLUMBUS ENVIRONMENTAL HEALTH

A Division of the Columbus Department of Public Health ANIMAL TO HUMAN EXPOSURE REPORT – FAX to 706-321-6237

	n Report rinic	1100 #	Name		Recorded Form:
V I C T I M	Name:			DOB: _	Sex:
	Parents/Guardian (if mino	or):		Race:	Ethnicity:
	Address:		Apt:	City/State:	Zip Code:
	Home Phone:	Cell Phone:		E-Mail:	
O W	Name:				
N E R	Address:		Apt:	City/State:	Zip Code:
	Home Phone:	Cell Phone:		E-Mail:	
E X P O S U R E	Date of Exposure:/ Address Where Exposure Occurred:				
	Type of Exposure: Bite (circle one: deep / superficial) Scratch Unknown				
	Part of Body Exposed: Time of Bite: Victim was treated at:				
	How did exposure occur?				
	I hereby affirm the animal listed on this report did bite/scratch me and break the skin. I also hereby affirm that all				
	Lhereby affirm the animal	l listed on this report d	lid bite/scrate	h me and break the s	kin I also hereby affirm that all
	I hereby affirm the animal information given is true a	•			kin. I also hereby affirm that all
	information given is true a	and correct to the best	of my knowl	edge.	kin. I also hereby affirm that all Date:
	information given is true a Signature:	and correct to the best	of my knowl	edge.	·
	information given is true a Signature: Animal Type:	and correct to the best Breed/Species: _	of my knowl	edge.	Date:
	information given is true a Signature: Animal Type: Color/Description:	and correct to the best Breed/Species: Ag	of my knowledge of Animal:	edge Pı	Date:
E A	information given is true a Signature: Animal Type: Color/Description: Classification: Pet/L Vaccination Status:	Breed/Species: Ag .ivestock	e of Animal: Wild/Fedired	edge. Pi Name: Pral Unknown	Date:
E	information given is true a Signature: Animal Type: Color/Description: Classification: Pet/L Vaccination Status: Vaccination Date:/_	Breed/Species: Ag Livestock	ge of Animal: Wild/Feared	edge	Date:
A N I M	information given is true a Signature: Animal Type: Color/Description: Classification: Pet/L Vaccination Status: Vaccination Date: Vaccination Vet. Contact:	Breed/Species: Ag ivestock	ge of Animal: Wild/Feligred ion Date: P	edge	Date:
A N I	information given is true a Signature: Animal Type: Color/Description: Classification: Pet/L Vaccination Status: Vaccination Date: Vaccination Vet. Contact: Is animal known to have b	Breed/Species: Ag ivestock	ge of Animal: Wild/Fedion Date: Pes No	edge. Property Name: Property Name: Property Name: None	Date:
A N I M A	information given is true a Signature: Animal Type: Color/Description: Classification: Pet/L Vaccination Status: Vaccination Date: Vaccination Vet. Contact: Is animal known to have by Columbus Animal Control: Victim wishes to press characters	Breed/Species: Ag ivestock	e of Animal: Wild/Feired Pes No	edge. Pi Name: Pi Pral Unknown None Unknown None Ran Phone: Praction Pi No Signature:	Date:
A N I M A	Animal Type:	Breed/Species: Ag Livestock	e of Animal: Wild/Feired Pes No	edge. Pi Name: Pral Unknown None Unknown None Ran Chone: No Signature: assified: Yes	Date:
A N I M A	information given is true a Signature:	Breed/Species: Ag ivestock	ge of Animal: Wild/Fedient Date: Pes No Yes Cient Ends:	edge. Property Name: Name: Name: Unknown Unknown Unknown None	Date: