

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

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_ ACO #: \_\_\_\_\_ Name: \_\_\_\_\_ Recorded Form: \_\_\_\_\_

**V** Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
**I** Parents/Guardian (if minor): \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
**C** Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**T** Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**I**  
**M**

**O** Name: \_\_\_\_\_  
**W** Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**N** Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**E**  
**R**

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 information given is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Type: \_\_\_\_\_ Breed/Species: \_\_\_\_\_  Provoked  Unprovoked

Color/Description: \_\_\_\_\_ Age of Animal: \_\_\_\_\_ Name: \_\_\_\_\_  Male  Female

Classification:  Pet/Livestock  Stray  Wild/Feral  Unknown Microchip ID: \_\_\_\_\_

Vaccination Status:  Current  Expired  None  Unknown

Vaccination Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ Rabies Tag #: \_\_\_\_\_

Vaccination Vet. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ City Permit #: \_\_\_\_\_

Is animal known to have bitten before?  Yes  No

**Columbus Animal Control:**  
Victim wishes to press charges at this time?  Yes  No Signature: \_\_\_\_\_  
Court Date: \_\_\_/\_\_\_/\_\_\_ Charges: \_\_\_\_\_ Classified:  Yes  No Supervisor Initials: \_\_\_\_\_

Confinement Begins: \_\_\_/\_\_\_/\_\_\_ Confinement Ends: \_\_\_/\_\_\_/\_\_\_ Date Animal Confined: \_\_\_/\_\_\_/\_\_\_  
Confined at:  LOST  ACC (Tag # \_\_\_\_\_)  Home  Vet (Name \_\_\_\_\_)  Other  
Confinement Type:  10-Day  45-Day  Other

**E**  
**X**  
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