

SACRAMENTO COUNTY DEPARTMENT OF HEALTH SERVICES ANIMAL BITE FORM

Date of Exposure:					
PERSON EXPOSED					
First Name:		Middle Name:		Last Name:	
Age:		Address:		Work Phone:	
Home Phone:		City/State/Zip:		Name of Parent/Guardian if Minor:	
BITE INFORMATION (Warning: The biting animal may NOT be disposed of, given away or killed. It must be under quarantine for 10 days.)					
Address/Location where BITE occurred:					
Circumstances of Exposure (e.g. running, riding bike, playing with animal):					
Type of Exposure: Bite: <input type="checkbox"/> Scratch: <input type="checkbox"/> Saliva Contact (skin broken): <input type="checkbox"/> Other: <input type="checkbox"/>					
Location of Exposure: Head: <input type="checkbox"/> Face: <input type="checkbox"/> Arm (L): <input type="checkbox"/> Arm (R): <input type="checkbox"/> Other: <input type="checkbox"/>					
Treatment given: No: <input type="checkbox"/> Yes: <input type="checkbox"/> Describe: <input type="checkbox"/>					
OWNER OF ANIMAL					
First Name:		Middle Name:		Last Name:	
Age:		Address:		Work Phone:	
Home Phone:		City/State/Zip:		County of Residence:	
(Send this report to this County)					
DESCRIPTION OF ANIMAL					
Dog: <input type="checkbox"/> Cat: <input type="checkbox"/> Age: *Skunk: <input type="checkbox"/> *Bat: <input type="checkbox"/> Other: <input type="checkbox"/>					
Breed:		Size:		Color:	
Did animal appear to be: Healthy: <input type="checkbox"/> Sick: <input type="checkbox"/> Dead: <input type="checkbox"/> Killed: <input type="checkbox"/> Other: <input type="checkbox"/>					
Was animal vaccinated for rabies: Yes: <input type="checkbox"/> Date: No: <input type="checkbox"/> Unknown: <input type="checkbox"/> Stray: <input type="checkbox"/>					
FACILITY REPORTING					
Name/Address/ PHONE # :					
Medical Person Completing Form:					Date:
Sacramento City 2127 Front Street Sacramento, CA 95818 Tel: 916-808-7387 Fax: 916-808-5386		Sacramento County 4290 Bradshaw Road Sacramento, CA 95827 Tel: 916-875-5232 Fax: 916-875-5519		Citrus Heights Animal Services 6315 Fountain Square Drive Citrus Heights, CA 95621 Email: animalservices@citrusheights.net Tel: 916-725-7387 Fax: 916-727-4973	
El Dorado County 415 Placerville Dr. Suite N Placerville, CA 95667 Tel: 530-621-5795 Fax: 530-622-6851		Placer County 11251 "B" Avenue Auburn, CA 95603 Tel: 530-886-5500 Fax: 530-886-5538		Rocklin Police Department Animal Control 4060 Rocklin Road Rocklin, CA 95677 Tel: 916-625-5400 Fax: 916-624-2677	
		Elk Grove Animal Control 10250 Iron Rock Way Elk Grove, CA 95758 Email: shumlie@elkgrovepd.org Tel: 916-687-3042 Fax: 916-686-2692		Folsom City 50 Natoma Street Folsom, CA 95630 Tel: 916 461-6040 Fax: 916 355-7358	
		Roseville Police Department Animal Control 1051 Junction Boulevard Roseville, CA 95678 Tel: 916-774-5090 Fax: 916-781-2344		San Joaquin County (Lodi) Animal Control Division P. O. Box 1809 Stockton, CA 95201 Tel: 209-333-6741 Fax: 209-468-3330	
				Rancho Cordova Animal Control 2880 Gold Tailings Ct. Rancho Cordova, CA 95670 Tel: 916-851-8852 Fax: 916-851-8778	
				Yolo Animal Services 140 Tony Diaz Dr. #C Woodland, CA 95776 Tel: 530-668-5287 Fax: 530-668-5288	

*Please call the Division of Public Health at 916-875-5881 24/7 for recommendations on post-exposure rabies treatment.