**St. Lawrence County**  
**PUBLIC HEALTH DEPARTMENT**  
80 State Highway 310, Suite 2  
Canton, New York 13617-1476

**ANIMAL EXPOSURE REPORT**

**THIS FORM CONTAINS "TIME SENSITIVE" MATERIAL**

PLEASE COMPLETE FORM AND FAX IMMEDIATELY TO: 315-386-2880  
Phone: 315-386-2325 (M-F 8am-5pm) After hrs: 315-454-2363

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<th>PLEASE PRINT FORM INFORMATION</th>
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REPORTED BY:  
REPORTER'S PHONE #:  
DATE REPORTED TO SLCPH:  

1.) **PERSON EXPOSED**

PERSON'S NAME  
HOME PHONE #:  
ADDRESS:  
( IF VICTIM IS A MINOR UNDER 18 Y/O) PARENT'S NAME:

2.) **EXPOSURE**

DATE OF BITE/SCRATCH:  
SITE OF EXPOSURE:  
WOUND TREATMENT (describe):  

DATE TREATED:  
TREATED BY:  

3.) **PUBLIC HEALTH AUTHORIZED POST-EXPOSURE TREATMENT?**  

YES [ ] NO [ ]

4.) **ANIMAL OWNER**

NAME OF ANIMAL OWNER:  
HOME PHONE #:  
ADDRESS:  

LIVE IN ST. LAWRENCE CO.:  

YES [ ] NO [ ]  
Live in the Township of:  

5.) **DESCRIPTION OF ANIMAL**

CAT [ ]   DOG [ ]   STRAY: Y / N   OTHER:  

COLOR:  
M / F  
BREED:  
PET’S NAME:  

RABIES VACCINATION:  
YES [ ] NO [ ]  
DATE VACCINE EXPIRES:  

ANIMAL CONFINED:  
YES [ ] NO [ ]  
DATE CONFINED:  
WHERE CONFINED:  

OR WAS ANIMAL SUBMITTED FOR RABIES TESTING:  
YES [ ] NO [ ]  
SUBMITTED BY:  

6.) **LAW ENFORCEMENT AGENCY REPORTED TO**

AGENCY:  
PHONE #:  
NAME OF OFFICER:  

Comments and Description of Incident:

Updated 2/16/17