

EXPOSURE REPORTING - ANIMAL BITE FORM



Larimer County Department of
Health and Environment
1525 Blue Spruce Drive
Fort Collins, CO 80524



NOCO Humane
Animal Protection & Control
3501 East 71st Street, Loveland, CO 80538
Phone: (970)226-3647 Ext 7

Reporting Facility/Person	Date of Bite
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PATIENT INFORMATION

Name	Phone		
Address	City, State, ZIP, County	Sex	DOB

OWNER INFORMATION

Name	Phone
Address	City, State, ZIP, County

PHYSICIAN INFORMATION

Name	Phone
Name and Address of Practice	City, State, ZIP, County
Has Rabies PEP started? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the local Health Department recommended rabies PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

*If you have questions about PEP treatment, contact Larimer County Health Department at 970-498-6775

ANIMAL INFORMATION

Animal Type	Breed	Color	Sex		
<input type="checkbox"/> Owned	<input type="checkbox"/> Stray/Feral	<input type="checkbox"/> Alive and in quarantine	<input type="checkbox"/> Waiting to be tested	<input type="checkbox"/> Euthanized	<input type="checkbox"/> Location Unknown
Is the animal currently Rabies vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of last vaccination	Expiration			

BITE INFORMATION

Address Where Bite Occurred	City, State, ZIP	
Circumstances of Bite		
Behavior (e.g., was animal healthy, ill, or exhibiting abnormal behavior?) Explain:		
Animal Control Office (if reported)	Animal Control Officer	Contact Phone

TO BE COMPLETED BY APC OR LCHD

Case #	Bite Level	Quarantine Begin	Quarantine End	Bite #
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Please fax to NOCO Humane at 970.226.2968 or email to dispatch@nocohumane.org