

SAN JOAQUIN COUNTY ANIMAL BITE REPORT
Fax to Animal Control Jurisdiction where animal owner lives
THIS REPORT IS TO BE FILLED OUT BY PROVIDER NOT BITE VICTIM

ABR NO: _____

PATIENT INFORMATION														
LAST NAME			FIRST		STREET ADDRESS			CITY	STATE	ZIP CODE				
PATIENT'S SEX	PATIENT'S DOB		CELL PHONE NUMBER		HOME PHONE NUMBER			WORK TELEPHONE NUMBER						
PARENT NAME (IF ABOVE IS A MINOR)			PARENT ADDRESS IF DIFFERENT FROM ABOVE			PHONE IF DIFFERENT FROM ABOVE	CELL	HOME	WORK					
NAME OF PERSON FILLING OUT FORM		DATE REPORT COMPLETED			ADDRESS OF REPORTEE			TELEPHONE NUMBER						
TREATED BY		MD	DATE TREATED		ADDRESS OF PERSON GIVING TREATMENT			TELEPHONE NUMBER						
DATE BITTEN/DATE EXPOSED		TIME BITTEN			ADDRESS WHERE BITTEN/EXPOSED									
LOCATION OF BITE ON PERSON'S BODY		RABIES POST EXPOSURE PROPHYLAXIS STARTED YES <input type="checkbox"/> NO <input type="checkbox"/> DATE _____												
***DESCRIBE CIRCUMSTANCES OF BITE OCCURRENCE: THIS SECTION IS REQUIRED CHECK BITE CIRCUMSTANCES - PROVOKED <input type="checkbox"/> UNPROVOKED <input type="checkbox"/>														
OWNER OF ANIMAL				LAST NAME		FIRST		ADDRESS		STREET	CITY	STATE	ZIP CODE	
CELL PHONE NUMBER		WORK	PHONE NUMBER	HOME PHONE NUMBER			TYPE OF ANIMAL			DOG <input type="checkbox"/>		BAT <input type="checkbox"/>	WILD DOMESTIC STRAY	
CAT <input type="checkbox"/>		OTHER			SPECIFY _____									
ANIMAL'S NAME		SEX	MALE	FEMALE	COLOR		ANIMAL AGE		ANIMAL DESCRIPTION					

INVESTIGATIVE REPORT

RABIES VACCINATION CURRENT?		DATE GIVEN		VETERINARIAN (OR CLINIC)			IS DOG LICENSED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
YES <input type="checkbox"/> NO <input type="checkbox"/>											
QUARANTINE LOCATION (CAGE NUMBER ALSO)				OFFICER'S OBSERVATION OF ANIMAL'S CONDITION UPON QUARANTINE							
QUARANTINED BY				DATE QUARANTINED			OWNER/CUSTODIAN SIGNATURE				
							X				
ANIMAL EVALUATED		RELEASED BY: (PRINT NAME)			SIGNATURE			DATE RELEASED			
YES <input type="checkbox"/> NO <input type="checkbox"/>					X						
CAUSE OF DEATH		DATE OF DEATH		SPECIMEN SUBMITTED TO LAB BY (PRINT NAME)			AGENCY		DATE/TIME		
DIED <input type="checkbox"/> KILLED <input type="checkbox"/> EUTHANIZED <input type="checkbox"/>											
DETAILS OF DEATH - SPECIFY											
DETAILS OF EXPOSURE (IF ADDITIONAL SPACE IS NEEDED, USE AN EXTRA SHEET OF PAPER AND ATTACH											
OFFICIALS NOTIFIED	DATE	INITIALS				DATE	INITIALS			DATE	INITIALS
HEALTH OFFICER			ATTENDING PHYSICIAN					OWNER			
ANIMAL CONTROL AGENCY			ATTENDING VETERINARIAN					VICTIM			
OTHER											

LABORATORY REPORT

PUBLIC HEALTH SERVICES OF SJC 1601 East Hazelton Avenue, Stockton, CA 95205			LABORATORY NUMBER			LABORATORY PRIORITY		
PATIENT'S NAME (LAST, FIRST)						URGENT <input type="checkbox"/> ROUTINE <input type="checkbox"/> HOLD <input type="checkbox"/>		
ADDRESS			RESULTS (To be completed by laboratory only)					
MATERIAL & SOURCE	AGE	SEX				DATE RECEIVED		
TEST FOR	DATE SPECIMEN TAKEN					DATE REPORTED		

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FAX WITHIN 24 HOURS

- FAX TO THE ANIMAL CONTROL JURISDICTION WHERE THE ANIMAL OWNER LIVES (NUMBERS LISTED BELOW)
- OUT OF COUNTY BITE EXPOSURES ARE TO BE ROUTED TO SAN JOAQUIN COUNTY ANIMAL CONTROL.

JURISDICTIONS	PHONE NUMBERS	FAX NUMBERS
San Joaquin County Animal Control Division (unincorporated areas of San Joaquin County)	(209) 953-6073	(209) 953-6080
City of Stockton	(209) 937-7195	(209) 937-8080
City of Lodi Animal Services	(209) 333-6741	(209) 333-5599
City of Escalon Animal Shelter	(209) 838-9908 or (209) 838-7093	(209) 838-6561
City of Lathrop Animal Services	(209) 941-7240	(209) 941-7449 or (209) 941-7219
City of Manteca Animal Services	(209) 456-8270	(209) 923-8997
City of Ripon Animal Control Division	(209)599-2102	(209) 599-4034
City Tracy Animal Control Division	(209) 831-6364	(209)831-6599

San Joaquin County Public Health Services/TB and Communicable Disease Control Unit	Phone: (209) 468-3822	Fax: (209) 468-8222
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