West Virginia Bureau for Public Health — Your Health, Your Safety, Our Purpose
Department of Health & Human Resources

Animal Encounter Report Form

SG-58 REV. 10/12 **FOR HEALTHCARE PROVIDER/FACILITY ATTENDING TO ANIMAL BITE PATIENT** **PAGE 1**

Note to Providers: Complete as much information as possible on page 1 of this form. Fax this report to the local health department immediately. Monongalia County Health Department Fax Number: **304-598-5122**

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: __ / __ / ____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐ Unk

PROVIDER INFORMATION

Physician: _____ Phone: _____ Fax: _____
Facility: _____ Address: _____
City/State/Zip: _____ Date reported to health department: ___/___/_____

BITE/EXPOSURE INFORMATION

Exposure date: __ / __ / ____

Exposure Type

Y N U
☐ ☐ ☐ Bite
☐ ☐ ☐ Scratch
☐ ☐ ☐ Saliva/CNS tissue contact **with fresh* wound**
☐ ☐ ☐ Saliva/CNS tissue contact with mucous membrane
☐ ☐ ☐ Bat exposure with no definite bite or scratch
☐ ☐ ☐ Other (Describe:_____)

*Fresh wound=a wound that has bled within past 24 hours

Circumstances of Bite/Exposure

Y N U
☐ ☐ ☐ **Bite or scratch** caused a break in the skin
If yes, where on body (mark all that apply):
☐Head/neck/face ☐Hand ☐Leg ☐Torso/chest/back ☐Arm ☐Foot
☐ ☐ ☐ Exposure was provoked
☐ ☐ ☐ Animal was behaving abnormally

CLINICAL INFORMATION

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this exposure
If yes, hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

Death

Y N U
☐ ☐ ☐ Patient died due to this exposure
If yes, date of death: __ / __ / _____

Vaccination History

Y N U
☐ ☐ ☐ Patient previously received rabies vaccine prior to this exposure
If yes, date of previous vaccination: ___ / ___ / _____

Treatment

Y N U
☐ ☐ ☐ Patient wound cleaned
☐ ☐ ☐ Patient started rabies **PEP** series
If yes, name of facility initiating PEP series:
_____
If yes, did patient **complete series?**: ☐Yes ☐No ☐Unknown
Please document known vaccination dates below:
#1: __/__/____ #2: __/__/____ #3: __/__/____ #4: __/__/____
☐ ☐ ☐ Patient received human rabies immune globulin (**RIG**)
If yes, RIG date: __ / __ / ____

ANIMAL INFORMATION

Species Causing Exposure (mark all that apply):

☐ Bat ☐ Fox ☐ Raccoon
☐ Cat or kitten ☐ Goat ☐ Rodent
☐ Cow ☐ Horse ☐ Sheep
☐ Coyote ☐ Monkey ☐ Skunk
☐ Dog or puppy ☐ Pig ☐ OTHER (list): _____
☐ Ferret ☐ Rabbit

Total number of animals involved in encounter: _____

Ownership status of animal:

☐ Owned (pet, livestock, etc.)
Owner Name: _____
Owner Address: _____
City/State/Zip: _____
Owner Phone: _____
☐ Non-owned (wild, stray, etc.)
☐ Unknown

ADDITIONAL NOTES: