Florida Department of Health, Volusia County
ANIMAL INCIDENT REPORT FORM

DATE OF INCIDENT: ________________________________

VICTIM INFORMATION
Name: ________________________________
Street Address: ________________________________
City, State, Zip: ________________________________
Home Phone: ________________________________
Work Phone: ________________________________
Date of Birth: (mm/dd/yyyy) Sex: ☐ Male ☐ Female

GUARDIAN INFORMATION (If victim is a minor)
Name: ________________________________
Home Phone: ________________________________
Work Phone: ________________________________

INCIDENT INFORMATION:
Type of Exposure: ☐ Bite ☐ Scratch ☐ Other:
Did exposure to saliva occur (via broken skin or mucus membrane)?
☐ Yes ☐ No
Location of wound or membrane exposed:

Please explain circumstances surrounding incident:

Location (including city) where incident occurred:

ANIMAL INFORMATION
Kind of Animal: ________________________________
Description/Breed: ________________________________
Color: ________________________________
Size: ________________________________
Was the animal a stray? ☐ Yes ☐ No ☐ Unknown
Name of Owner: ________________________________
Street Address: ________________________________
City, State, Zip: ________________________________
Home Phone: ________________________________
Work Phone: ________________________________

If animal is not at the owner’s address, please indicate below where the animal is located:
Street Address: ________________________________
City, State, Zip: ________________________________

Is animal quarantined? ☐ Yes ☐ No
If yes, indicate location of quarantine below:
Street Address: ________________________________
City, State, Zip: ________________________________

REPORTER OF INCIDENT:
Date of Report:
Name of Reporter:
Healthcare Provider:
Phone Number:
Medication Provided:
Was PEP started? ☐ Yes ☐ No

OFFICE USE ONLY
Received by: Date Received:
Received From:

PLEASE FAX COMPLETED FORM TO DOH-VOLUSIA 386-274-0641

Florida Department of Health, Volusia County
PO Box 9190
Daytona Beach, FL 32120-9190
Phone: 386-274-0560 Fax: 386-274-0641

Form updated 11/13/2013