

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: \_\_\_\_\_ Sex: Male Female  
(mm/dd/yyyy)

Email address: \_\_\_\_\_

**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:  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 available for observation? 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

Other information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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