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# CAPE MAY COUNTY DEPARTMENT of HEALTH

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## Animal Exposure Report

Any persons with the knowledge of an exposure is required to report all information to the person designated by law or by the local board, under the authority of law see New Jersey Statutes #26:4-79 thru #26:4-81

<b>Name of Patient/Exposed ( Last, First, MI):</b>				<b>Date of Birth:</b>		<b>Age (Years)</b>		<b>If Less Than 2 Years:</b>		
<b>Last</b>		<b>First</b>		<b>MI</b>	<b>Sex: M F</b>		<b>Telephone:</b>			
<b>Mailing Address of Patient:</b>						<b>Municipality Where Exposure Occurred</b>				
<b>Name of Guardian (if minor):</b>										
<b>Date of Exposure:</b>				<b>Reporting Facility:</b>						
<b>Name of Treating Physician:</b>						<b>Telephone Number:</b>				
<b>Type of Human Exposure (Check All That Apply)</b>						<b>Part of Body Exposed (Check all that apply)</b>				
<input type="checkbox"/>	Multiple Bite		<input type="checkbox"/>	Contamination of an abrasion, cut, open wound or mucous membranes with SALIVA or CNS fluids		<input type="checkbox"/>	Face/Neck/Head			
<input type="checkbox"/>	Single bite					<input type="checkbox"/>	Finger			
<input type="checkbox"/>	Scratch					<input type="checkbox"/>	Hand/Foot L/R			
<input type="checkbox"/>	Unknown					<input type="checkbox"/>	Leg/Arm L/R			
<input type="checkbox"/>	Other (Specify)		<input type="checkbox"/>	Contamination of an abrasion, cut, open wound or mucous membranes with SALIVA or CNS fluids Membranes with BLOOD		<input type="checkbox"/>	Trunk			
<input type="checkbox"/>						<input type="checkbox"/>	Other (Specify)			
<b>Type of Rabid/Suspect Rabid Animal Involved in Exposure</b>										
<input type="checkbox"/>	Bat		<input type="checkbox"/>	Skunk		<input type="checkbox"/>	Groundhog		<input type="checkbox"/>	Ferret
<input type="checkbox"/>	Cat		<input type="checkbox"/>	Fox		<input type="checkbox"/>	Opossum		<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Dog		<input type="checkbox"/>	Rat		<input type="checkbox"/>	Muskrat			
<input type="checkbox"/>	Raccoon		<input type="checkbox"/>	Chipmunk		<input type="checkbox"/>	Mole			
<input type="checkbox"/>	Squirrel		<input type="checkbox"/>	Rabbit		<input type="checkbox"/>	Horse			
<b>Name of Animal:</b>				<b>License number:</b>		<b>Sex : (Circle one) Male    Female Unknown</b>		<b>Date of Last Rabies Shot/Number of Years</b>		
<b>Breed:</b>				<b>Color Markings:</b>						
<b>Name of Owner and Permanent Address and Telephone Number</b>										
<b>Owners Temporary Address and Telephone Number</b>										
<b>Rabies Status of Exposing Animal</b>										
<input type="checkbox"/>	Tested Positive					<b>Account #</b>				
<input type="checkbox"/>	Tested Negative					<b>Received</b>				
<input type="checkbox"/>	Not Available					<b>Municipality</b>				
<input type="checkbox"/>	Other (Specify)					<b>Release</b>				