ANIMAL BITE REPORT FORM

Long Beach Department of Health and Human Services
Communicable Disease Control Program (CDCP)
TEL: (562) 570-4302 | FAX: (562) 570-4374

CDCP Use Only
- ◯ Screened for PEP
- ◯ Recorded
- ◯ Sent to ACS
- ◯ Initials: _____

Please note: *The information provided will be used in evaluating risk for rabies and recommendation for rabies post-exposure prophylaxis (PEP). After completing this form, please fax to the CDCP. If you have questions, please contact the CDCP at (562) 570-4302.*

Person Bitten Information			
Name:	DOB: ____ / ____ / _____	Gender (Optional):	
Parent/Guardian if Minor:	Phone #:		
Home Address:	City:	State:	Zip:
How Bite Occurred:			
Address where bitten (or cross-streets):	City:	State:	Zip:
Location on Body Where Bite Occurred:	Date Bitten:	Time Bitten:	

Animal/Owner Information			
Owner Name:	Phone #:		
Home Address:	City:	State:	Zip:
Type of Animal: ☐ Dog ☐ Cat ☐ Other: _____	Breed:	Animal Impounded: ☐ Yes ☐ No	
	Sex:	If yes, what shelter:	
	Color:	Impound #:	

Treatment					
Type of Treatment:			Date of Tx:	Hospitalized: ☐ Yes ☐ No	
Was Rabies Vaccine given?	☐ Yes ☐ No	Date:	Was Human Rabies Immunoglobulin given?	☐ Yes ☐ No	Date:
Treated By:			Phone #:		
Facility Taking Report:	Date:		Time:	Faxed: ☐ Yes ☐ No Initials:	
Additional comments:					