

LINN COUNTY ANIMAL BITE/BAT EXPOSURE RECORD

| AT THE TIME OF TREATMENT – TO BE COMPLETED BY MEDICAL PROVIDER OR OTHER PERSON THE BITE/BAT EXPOSURE WAS REPORTED TO (NOT THE PATIENT) | | | | | |
|--|-----------------------------------|-------------------------------|-------------------------------------|---------------------------------------|----------|
| Form completed by [print]: | | | Phone # for person completing form: | | |
| Date bite/exposure occurred: | | Date treated: | | Medical facility treated: | |
| Person Bitten/Exposed to Bat Information | | | | | |
| First Name: | | Last Name: | | DOB: | Sex: |
| If minor, parent name: | | | | | |
| Phone [day]: | | | Phone [evening]: | | |
| Address: | | City: | | ST: | Zip: |
| Description of injury: | | | | | |
| Treatment provided: | | | | | |
| Were rabies vaccinations given to person bitten? | | | | | |
| Animal Information | | | | | |
| Address bite/bat exposure occurred: | | | City: | | ST: Zip: |
| Animal type: | | Breed: | | Color: | |
| Animal name: | Age: | Owner name: | | Owner sex: | M F |
| Owner address: | | City: | | ST: | Zip: |
| Owner phone [day]: | | Owner phone [evening]: | | | |
| Veterinarian name: | | | Vet Phone #: | | |
| Rabies tag # | Expiration date: | | Quarantined: Y/N | Where: | |
| Circumstances of bite and other related information: | | | | | |
| Reporting Requirement | Dept. [see below] report sent to: | | | Date sent to dept.: | |
| Using the owner's address , submit this form to the applicable department below. If owner lives in another county in Iowa see https://idph.iowa.gov/rabies/information-for-providers for statewide points of contact. If no owner, use address of bite/bat exposure. | | | | | |
| City of Cedar Rapids: | | Linn County: | | City of Marion: | |
| CR Animal Care and Control | | Cedar Valley Humane Society | | Marion Police Dept - Lt. Lance Miller | |
| Phone: 286-5993 Fax: 294-6629 | | Phone: 362-6288 Fax: 365-8270 | | Phone: 200-7718 Fax: 200-4143 | |

Please indicate location of bite(s)

