|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Information** | | | | | | | | | |
| **Patient Last Name:** Last Name | | | | | | | **Patient First Name:** First Name | | |
| **Date of Birth:** MM **/**DD**/**YYYY | | | | **Age:**## | | | **Male  Female** **non-Binary** **Unknown** | | |
| **Patient Street Address:** Address | | | | | | | | | |
| **Patient City:** City | | | | | | | **State:** ST | | **Zip:** ##### |
| **Cell Phone: (**###**)**###**-**#### | | | | **Home Phone: (**###**)**###**-**#### | | | | **Work Phone: (**###**)**###**-**#### | |
| **Ethnicity:** | | **Hispanic or Latino** | | | | **Not Hispanic or Latino** | | **Unknown** | |
| **Race:** | **American Indian or Alaska Native** | | | | | | **Asian** | **Black or African American** | |
|  | **Native Hawaiian or Other Pacific Islander** | | | | | | **White** | **Unknown** | |
| **Name of Additional Contact:** Name | | | | | | | **Phone of Additional Contact: (**###**)**###**-**#### | | |
| **Incident Information** | | | | | | | | | |
| **Incident Date:** MM **/**DD**/**YYYY | | | **City of Incident:** City | | | | | | **State of Incident:** ST |
| **Name of Person Reporting to RIDOH:** Name | | | | | | | | | **Report Date:** MM**/**DD**/** YYYY |
| **Phone Number of Person Reporting to RIDOH: (**###**)**###**-**#### | | | | | | | | | |
| **Organization of Person Reporting to RIDOH:** Organization | | | | | | | | | |
| **Exposing Animal:** DogCatBatRaccoonSkunkOther (*specify species*): Other Animal | | | | | | | | | |
| *If Dog, Cat, or Ferret:* Owned Stray Unknown | | | | | | | | | |
| *If Owned Dog, Cat, or Ferret:*  Owner is the Victim Owner is NOT the Victim | | | | | | | | | |
| ***If dog or cat is NOT owned by the victim, please report owner information below:*** | | | | | | | | | |
| **Owner’s Last Name:** Last Name | | | | | | | **Owner’s First Name:** First Name | | |
| **Owner’s Street Address:** Address | | | | | | | | | |
| **Owner’s City:** City | | | | | | | **State:** ST | | **Zip:** ##### |
| **Owners Phone Number: (**###**)**###**-** #### | | | | | | | | | |
| **Status of animal at time of report (check one):** | | | | | | | | | |
| Not Captured but known to victim | | | | | Submitted to RI State Health Lab for Testing | | | | Not captured |
| Quarantined (location) | | | | | Dead but NOT tested for rabies | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wound Type** | | | | |
| Bite- Penetration of the skin by teeth | | Saliva of animal on wound/lesions/mucosa | | |
| Scratch or Abrasion | | Proximity to a bat | | |
| **Wound Location** | | | | |
| Arm or Hand | Leg or Foot | | Head of Neck | Trunk |
| **Description of Incident** | | | | |
| Description | | | | |