



Animal Bite Incident and Rabies Exposure Report

[Title 17 of California Code of Regulations \[CCR\] §2606](#) mandates that all bites from animals susceptible to rabies must be reported to local public health, whether or not the animal is suspected of having rabies.

Please provide as much information as possible to enable Animal Control & Public Health follow-up.

- **Health care providers** – please complete Parts I and II and fax to Alameda County Public Health Department at (510) 273-3744 or send by secure encrypted email to AcuteCD@acgov.org.
- **All others (including the bite victim)** – Call the Animal Control Agency for the city where the bite occurred and file a report or complete Part 1 below and send to the Animal Control Agency.

PART I. DESCRIPTION OF BITE INCIDENT, VICTIM, AND BITING ANIMAL

REPORTING PERSON, FACILITY OR AGENCY									
Facility/Agency		Person Completing Form		Telephone Number		Email Address			
Date when Bite Reported		Name of Person Reporting Bite		Telephone Number		Relationship to Bite Victim			
BITE INCIDENT									
Date and Time where Bite Occurred				Name and Contact Information of Other Witnesses					
Name of Place/Location where Bite Occurred (if applicable, such as name of park, etc.)									
Address: Number, Street			Apt./Unit No.						
City		State CA	ZIP Code						
Describe Circumstances of Bite Incident									
BITE VICTIM									
Name				Telephone Number					
Address: Number, Street			Apt./Unit No.		Mobile Number				
City		State	ZIP Code		Email Address:				
Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	Date of Birth		Adult Guardian Name and Telephone Number (if victim < 18 years)						
BITING ANIMAL									
Animal Name		License or Identification Number			Age (years or months)				
Species		Breed/Physical Description							
Color		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Reproductive Status <input type="checkbox"/> Intact <input type="checkbox"/> Neutered/spayed <input type="checkbox"/> Unknown					
Address where Animal Kept or Recovered: Number, Street									
City			State		ZIP Code				



Ownership Status			
<input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Feral <input type="checkbox"/> Livestock <input type="checkbox"/> Wild, unowned <input type="checkbox"/> Wild, captive <input type="checkbox"/> Unknown - Foster Dog			
Owner/Responsible Party Name			Telephone Number
Address: Number, Street		Apt./Unit No.	Mobile Number
City	State	ZIP Code	Email Address
Where is the animal kept?			
<input type="checkbox"/> Outdoors only <input type="checkbox"/> Indoors only <input type="checkbox"/> Outdoors and indoors <input type="checkbox"/> Unknown			
Was the animal vaccinated against rabies?	Most Recent Vaccination Date		Tag Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Vaccine Name	Vaccinating Veterinarian Name		Vaccinating Veterinarian Telephone Number
Has the animal been ill within the last 10 days or acting abnormally at the time of the bite?	If Yes, Describe Illness/Abnormal Behavior		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Was the animal seen by a veterinarian for this illness?			Date Seen
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Veterinarian Name			Veterinarian Telephone Number
ADDITIONAL NOTES			
<hr/> <hr/> <hr/>			

PART II. MEDICAL TREATMENT OF BITE VICTIM (to be completed by healthcare provider)

Location of Bite Wound on Body		Did the bite break the skin?		Was the wound promptly cleaned with soap and water?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Name of Medical Provider		Date and Time of Medical Care		Medical Provider Facility Address	
Medical Provider Phone #1		Medical Provider Pager/Phone #2		Medical Provider email	
Was the victim previously vaccinated against rabies?		Date(s) of Previous Rabies Vaccination			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Was rabies post-exposure prophylaxis (PEP) initiated?		Name of Products Used			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
HUMAN RABIES IMMUNE GLOBULIN & RABIES VACCINE PEP DATES					
HRIG	Day 0 Vaccine	Day 3 Vaccine	Day 7 Vaccine	Day 14 Vaccine	

Signature: _____ Date: _____

ANIMAL CONTROL AGENCY PHONE, FAX, ADDRESS AND HOURS OF OPERATION

Animal Control Agency	Address	Phone/Fax	Hours of operation
Alameda (City)	1555 Oak Street Alameda, CA 94501 1590 Fortmann Way Alameda, CA 94501	Public (Dispatch24/7): (510) 337-8340 Shelter: (510) 337-8565 Fax: (510) 337-9935	Adoption Center Wed 11am-7pm Thurs-Sun 11am-5pm All Other Services: Open 7 days a week Wed 11am-7pm Thurs-Tues 11am-5pm To report a stray, aggressive, injured, deceased animal; or an animal bite, at all times please contact Alameda Police dispatch at (510) 337-8340.
Alameda (County) (unincorporated areas of Alameda County)	4595 Gleason Dr. Dublin, CA 94568	PH: (925)803-7040 East. County Dispatch: (510) 667-7729 FAX: (925) 803-7044	Shelter Hours: 7 days a week 11 am-5:30 pm East. County Dispatch: (510) 667-7729
Albany/ Berkeley/Emeryville	1 Bolivar Drive Berkeley, CA 94710	Ph. (510) 981-6600 Fax (510) 981-6610	Shelter Hours: Mon 9am-1pm Tues-Sat 9am-4:30pm Berkeley Dispatch: (510) 981- 5900 Emeryville Non-emergency Dispatch: (510) 596-3700
Fremont (Tri City Shelter)	1950 Stevenson Blvd. Fremont, CA 94537	Ph. (510) 790-6630 (shelter) Animal Services (510)790-6635 Fax (510) 790-6632	Field Services: 7:30am-4:30pm daily Shelter: Tues-Sat 11am-4pm Animal services (510)790 -6635 (for sick, deceased, Injured animals or animal complaints)
Hayward	16 Barnes Ct. Hayward, CA 94544	Ph. (510) 293-7200 Fax (510) 881-7930	Shelter: Tues- Sat 1pm-5 pm Field Services: 7 days a week 9:00 a.m. - 5:00 p.m.

Animal Control Agency	Address	Phone/Fax	Hours of operation
Livermore	1110 So. Livermore Ave. Livermore, CA 94550	Ph. (925) 371-4987 <u>Fax 925) 371-4950</u>	Mon–Fri 7 am -3 pm Field Services: Mon – Sat 7am -4pm
Newark (Tri City Shelter)	37077 Newark Blvd. Newark, Ca 94560	Ph. (510) 578-4237 Fax (510) 578-4329	Mon-Thurs 6 am-4 pm Dispatch: (510)578-4237
Oakland	1101 29 th Ave. Oakland, CA 94601	Ph. (510) 535-5602 Fax (510) 535-5601	Service Hours: Daily except for Thurs 11am-5pm To report an aggressive, abused, sick, injured or neglected animal please call the Oakland Police Department Dispatch at (510)777-3333 . To report animal bites, barking, or deceased animals call 510-535-4884. OPD Dispatch: (510)777-3333
Piedmont / Emeryville	403 Highland Ave. Piedmont, CA 94611	Ph. (510) 420-3006 <u>Fax (510) 420-1220</u>	Field Services: Mon-Sunday 9am -7pm Non-emergency # (510)420-3000 If no-one answers will roll-over to police dispatch 24/7.
Pleasanton (East Co Shelter)	4833 Bernal Ave Pleasanton, CA 94566	Ph. (925) 931-5100 <u>Fax (925) 931-5480</u>	Tues–Sat 10 am-7 pm
San Leandro (Tri City Shelter)	835 / 901 E. 14 th St. San Leandro, CA 94577	Ph. (510) 577-2740 <u>Fax (510) 577-3296</u>	Field Services: Mon-Wed-Thu-Fri 10am-8pm
Union City (Tri City Shelter)	34009 Alvarado Niles Rd. Union City, CA 94587	Ph.(510) 675-5234 Fax (510) 471-5974	Field Services: Mon – Sun 7am-5pm