



## **Report of Potential Rabies Exposure – Wild Animals\***

Animal Species:			
Human Exposure: Yes 🗆 🛛 N	lo 🗆 Unknown 🗆		
Domestic Animal Exposure:	Yes 🗆 No 🗆 Unknow	wn 🗆	
Reporting Agency/Entity and	d Contact Information:		
Circumstances of Exposure:			
Person/domestic animal ow	ner with known or poter	itial exposure:	
Name:			
Address:			
Phone #:		Email:	
Exposure Type:	Exposure Date:	Human Body Part:	
Date Specimen Collected:	Date specimen sent for testing:		
Treatment Given: 🛛 Tdap	Wound Care: NA		
Name of Physician:			
Date of Treatment:			
Follow up Care: 🗆 Rabies F	Prophylaxis Treatment	] Other:	
*This Report will be con	pleted for potential	wild animal exposures (Bi	tes/Scratches),

including Bats, with domestic animals and/or humans and will be faxed to:

Public Health: (530) 623-1297 AND Animal Control (530) 623-3926

## **CONFIDENTIAL FAX**

CONTACT TRINITY COUNTY PUBLIC HEALTH (530) 623-1358 WITH QUESTIONS OR CONCERNS