



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

Website: https://www.co.walla-walla.wa.us/government/health_department/index.php

Email: health@co.walla-walla.wa.us

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362 • Main Telephone: (509) 524-2650 • Main Fax: (509) 524-2677

Animal Exposure Report

Date: _____ Reported by: _____

Person Exposed

Name: _____ Phone: () _____ Age: _____

Address: _____ City: _____ Zip: _____

How Exposed: Bitten [] Scratched [] Saliva [] Wound Site on Body: _____

Medical Care: Yes [] No [] Where Treated: _____

Tetanus Status: Current [] Given [] Unknown [] Referred for Surgery [] or Hospitalization []

Animal Information

Kind of Animal: Dog [] Cat [] Bat [] Other: _____ Domestic Pet [] Stray [] Wild Animal []

Animal's Name: _____ Type/Breed of Animal: _____ Sex: _____

Color: _____ Current rabies vaccine: [] Yes [] No If Yes: Date of vaccine: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Incident Information

Date: _____ Time: _____ Place: _____

Description of Incident: _____

Emergency Dispatch Contacted @ **509.527.1960**: Yes []

Report faxed to Walla Walla County Health Department @ **509.524.2677**: Yes []

Other comments: _____
