



Jackson County Animal Bite and Rabies Intake Form



Jackson County Animal Shelter
3370 Spring Arbor Road, Jackson, MI 49203
Phone (517) 788-4464 • FAX (517) 780-4750

Section I: Information on Person Bitten or Exposed to Rabies

Address where bite/exposure occurred _____ Date _____ AM PM _____ :

PERSON EXPOSED

Male Female

DOG OF _____ Last Name _____ First Name _____ M.I. _____ Date of Birth _____

Address, City, State, Zip _____ Township _____ Phone Number _____

PARENT/GUARDIAN (if exposed is a minor) _____ Full Name _____ Phone Number _____

Yes No Medical Treatment? _____

Check all that apply:

Location

Date

- Wound cleansed with soap and water
- Disinfectant applied
- Infection risk discussed
- Antibiotics given
- Tetanus immunization status verified/updated
- Rabies vaccine PEP started
- Immune Globulin given

Section II: Information on the Biting/Attacking Animal

Description of Animal:

Breed _____ Color _____ Sex _____

Provoked Bite: Yes No Describe Incident: _____

Yes No Rabies vaccinations up to date? DVM _____

Yes No Is the animal in custody? Where? _____

Yes No Is the animal stray or wild? _____

Yes No Is this an unwanted animal (Owner relinquished)? _____

Animal Owner:

Name _____ Address _____ Phone _____

Yes No Has the incident been reported to the jurisdiction's Animal Control Officer?

Officer Name _____ Incident # _____

Yes No Was this animal recommended to be tested for rabies at MDHHS?

Date animal picked up: _____ Date Sent: _____

Name of Person Completing Report / Agency _____ Date: _____

Fax Form to (517) 780-4750

Animals that do NOT transmit rabies: Chipmunks, Guinea Pigs, Mice, Shrews, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles, Gophers, Moles, Rats, and Prairie Dogs

Additional Notes: _____