



Animal Incident Report

Bureau of Environmental Health Services

Date Incident Reported: _____ Time Incident Reported: _____ AM/PM

Person Reporting Incident: _____

Phone: _____ Ext: _____ ER/Medical Office: _____

DHEC Person Contacted: _____ DHEC Number/Fax Contacted: _____

Victim Information Human Animal

Date/Time of Bite/Exposure: _____ AM/PM County Where Bite/Exposure Occurred: _____

Victim's Name: _____ DOB: _____ Sex: M F

Phone (H): _____ (W): _____ Ext: _____ (C): _____

Physician: _____ Office Phone: _____ Ext: _____

Parent/Guardian (If Minor): _____

Address (If Not a Street Address, Give Directions): _____

_____ City: _____ State: _____ Zip: _____

Describe Circumstances of Bite/Exposure; Severity and Location of Wound: _____

Animal Information (This information will assist DHEC in making sure the animal is quarantined or tested for rabies.)

Type of Animal: _____ Owned: _____ Not Owned: _____ Breed: _____ Sex: _____ Size: _____ Color: _____

Owner _____ Pet's Name: _____

Phone (H): _____ (W): _____ Ext: _____ (C): _____

Address (If Not a Street Address, Give Directions): _____

_____ City: _____ State: _____ Zip: _____

Location and Condition of Animal at Time of Incident: _____

Current Location of Animal: _____

Submitting Instructions: Please fax this form to the appropriate Environmental Health Services office for the county where the bite/exposure occurred.