

LINN COUNTY ANIMAL BITE/BAT EXPOSURE RECORD

AT THE TIME OF TREATMENT – TO BE COMPLETED BY MEDICAL PROVIDER OR OTHER PERSON THE BITE/BAT EXPOSURE WAS REPORTED TO (NOT THE PATIENT)					
Form completed by [print]:			Phone # for person completing form:		
Date bite/exposure occurred:		Date treated:		Medical facility treated:	
Person Bitten/Exposed to Bat Information					
First Name:		Last Name:		DOB:	Sex:
If minor, parent name:					
Phone [day]:			Phone [evening]:		
Address:			City:	ST:	Zip:
Description of injury:					
Treatment provided:					
Were rabies vaccinations given to person bitten?					
Animal Information					
Address bite/bat exposure occurred:			City:	ST:	Zip:
Animal type:		Breed:		Color:	
Animal name:	Age:	Owner name:		Owner sex:	M F
Owner address:			City:	ST:	Zip:
Owner phone [day]:		Owner phone [evening]:			
Veterinarian name:			Vet Phone #:		
Rabies tag #	Expiration date:		Quarantined: Y/N	Where:	
Circumstances of bite and other related information:					
Reporting Requirement	Dept. [see below] report sent to:			Date sent to dept.:	
Using the owner's address , submit this form to the applicable department below. If owner lives in another county in Iowa see https://idph.iowa.gov/rabies/information-for-providers for statewide points of contact. If no owner, use address of bite/bat exposure.					
City of Cedar Rapids:		Linn County:		City of Marion:	
CR Animal Care and Control		Cedar Valley Humane Society		Marion Police Department	
Phone: 286-5993 Fax: 294-6629		Phone: 362-6288 Fax: 365-8270		Phone: 377-1511 Fax: 200-4143	

Please indicate location of bite(s)

