

**Colorado Department of Public Health and Environment
Communicable Disease Program
Animal Reporting Form**

Patient/Victim Demographics (required)										
Patient/Victim Name:				Contact Phone Number:						
Address:										
City:			State:		Zip Code:		County:			
DOB:		Age:		Patient Id#		Sex:		M	F	
Race:	Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Indian/Alaskan Native <input type="checkbox"/>	Pacific/Hawaiian <input type="checkbox"/>	White <input type="checkbox"/>	Multi Racial <input type="checkbox"/>	Other <input type="checkbox"/>	Unknown <input type="checkbox"/>		
Ethnicity:		Hispanic <input type="checkbox"/>			Non Hispanic <input type="checkbox"/>			Unknown <input type="checkbox"/>		

Animal Owner Information									
Animal Owner's Name:				Contact Phone Number:					
Address:									
City:			State:		Zip Code:		County:		

Animal Information (required)									
Was the patient bit by a:		Domestic Animal: <input type="checkbox"/>			Wild Animal: <input type="checkbox"/>				
Animal Type:		Color and Type:							
Animal Status:		Owned: <input type="checkbox"/>		Stray/Feral: <input type="checkbox"/>		Unknown: <input type="checkbox"/>			
Animal:		Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Domestic Rodent <input type="checkbox"/>		Other Domestic <input type="checkbox"/>			
Wild Rodent <input type="checkbox"/>	Bat <input type="checkbox"/>	Skunk <input type="checkbox"/>	Fox <input type="checkbox"/>	Other <input type="checkbox"/>					
If domestic is the animal currently vaccinated?				Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Date of last vaccination:		Is animal in 10-Day Quarantine?		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If animal has not been quarantined why not?									
Geographic Location of Where Bite Occurred:									
Circumstances of Bite:									
Status of Animal		Alive and in quarantine <input type="checkbox"/>		Waiting to be tested <input type="checkbox"/>		Euthanized <input type="checkbox"/>			
Name of Animal Control Office if reported:									
Name of Animal Control Officer:			Contact Phone Number:						

Physician Information									
Physician Name:				Contact Phone Number:					
Name of Practice, Clinic, or Hospital									
Has Rabies PEP Started?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	Has the Local Health Department Recommended Rabies PEP?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

Please fax to the relevant local public health agency or animal control office. If the contact info for the relevant agency is not known, please fax to CDPHE at 303-782-0338.