



**CITY OF SAN ANTONIO
ANIMAL BITE EXPOSURE REPORT**

4710 State Hwy 151 San Antonio, Texas 78227
Office Phone- 210-207-6667, 210-207-6668/ Fax- 210-207-6678
Hours of Operation: Mon-Fri- 11 AM to 7 PM; Sat- 11 AM to 5 PM; Sun- Closed
www.sanantonio.gov/animalcare / www.saac.net



As required by Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A, Rule 97.3, and in accordance with Sec. 5-126 of the City of San Antonio ordinance the following requested information is required by law to be reported.
PRINT ALL INFORMATION CLEARLY. FAX A COPY OF THIS REPORT TO: Animal Care Services at 210-207-6678 AND The San Antonio Metropolitan Health District at 210-207-2839.

DATE OF INCIDENT: ___/___/___ TIME: _____ AM/PM

LOCATION (ADDRESS) OF INCIDENT: _____

INCIDENT OCCURRED: ON PROPERTY OFF PROPERTY
EXPOSURE: ANIMAL TO HUMAN ANIMAL TO ANIMAL

VICTIM INFORMATION

VICTIM'S NAME: _____ PARENTS NAME (IF MINOR): _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

DOB: ___/___/___ AGE: _____ SEX: M F UNKNOWN

INJURED BODY PART: _____

(HEAD, NECK, ARM, LEG, ETC.)

SEVERITY OF INJURY: MILD MODERATE SEVERE

TYPE OF INJURY: PUNCTURE LACERATION SCRATCH OTHER: _____

BRIEF DETAILS OF THE INCIDENT (ATTACH PHOTOS IF POSSIBLE): _____

OWNER IDENTIFIED (OR) STRAY

IDENTIFIED OWNER NAME: _____ ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

ALLEGED BITING ANIMAL DESCRIPTION:

SPECIES & BREED: _____ COLOR & MARKINGS: _____

SEX: M F UNKNOWN PROOF OF CURRENT VACCINATION: YES NO UNKNOWN

CARE PROVIDERS

IF YOU ARE THE CARE PROVIDER PLEASE CHECK ALL APPROPRIATE BOXES BELOW:

- 1. PATIENT ASSESSMENT INDICATED NO NEED FOR RABIES PEP
- 2. WOUNDS TREATED
- 3. POST-EXPOSURE PROPHYLAXIS INITIATED

A. HRIG. DATE: _____ DOSE # _____ LOT#: _____ MANUFACTURER: _____

B. VACCINE. DATE: _____ DOSE # _____ LOT#: _____ MANUFACTURER: _____

NAME OF CARE PROVIDER: _____

PROVIDER'S PHONE NUMBER: _____

CLINIC OR FACILITY

FORM COMPLETED BY: _____ DATE & TIME: _____

FACILITY: _____ PHONE #: _____ FAX #: _____