

Post Exposure Treatment

Is _____

Is Not _____

Authorized by _____

Putnam County

Case# _____

Department of Health

1 Geneva Road, Brewster, New York 10509

(845) 808-1390

All animal bites suspected of transmitting rabies are required to be reported to the Health Department within 24 hours per part 2.14 NYS Sanitary Code.

Health Department: Phone # (845) 808-1390 Fax # (845) 278-7921

****Health Dept. Emergency Hotline (after hours, holidays, & weekends) (845) 808-1390 x3****

RABIES CONTROL REPORT

TO BE FILLED IN BY REPORTING AGENCY

Reported by: _____ Phone#: _____ Date: _____

Incident Date: _____ Animal Type: Dog Cat Other: _____

Person\Animal Exposed: _____ DOB: _____

Address: _____

Phone#: _____ Alternate Phone#: _____

Vet Info: _____ Last Rabies Vacc.: _____ Skin Broken Y N

Owner/Finder of Suspect Animal: _____ Phone#: _____

Address: _____

Vet Info: _____ Last Rabies Vacc.: _____

Remarks: _____ Confinement Ends: _____

Comments: _____
