Post Exposure Treatment
Is _____
Is Not _____
Authorized by _____

Case # _____

Putnam County Department of Health
1 Geneva Road
Brewster, NY 10509

RABIES CONTROL REPORT

As Required By Part 2.14 of New York State Sanitary Code

All animal bites suspected of transmitting rabies are required to be reported to the Health Department within 24 hours.

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

Health Department Emergency Hotline (After Hours, Holidays, Weekends) (845) 808-1390 Ext. 3

To Be Filled In By Reporting Agency

Reported by _____ **Phone** _____ **Date** _____

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

Last Rabies Vaccination _____ **Skin Broken** _____

Person Exposed _____ **DOB** _____

Address _____

Phone # _____ **Alternate Phone #** _____

Owner/Finder of Suspect Animal _____ **Phone** _____

Address _____

Animal Bitten _____ **Owner** _____ **Phone** _____

Address _____

Remarks _____**CONFINEMENT ENDS**_____

_____

_____

_____

_____

Information Source: **PC Website** **Comcast** **Radio** **Pennysaver** **Newspaper Name** **Nuisance Control** **Other**

Rev. 1/8/15 jmg