



BRHD Environmental Health Offices		
Location	Phone	FAX
Charlottesville/Albemarle	434-972-6219	434-972-4310
Fluvanna County	434-591-1965	434-591-1966
Greene County	434-985-2262	434-985-4822
Louisa County	540-967-3707	540-987-3733
Nelson County	434-263-4297	434-263-4304

Date of Exposure:		Date Reported:		Reported By:		Report Received By:	
Person Exposed	Name: Last:		First:		Middle:		
	Street:		City:		Zip:		
	Home Phone:		Work Phone:		Cell Phone:		
	Parent's Name (If under 18 Years):			Date of Birth:		Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Details of Incident	Type of Exposure:		<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____				
	Body Location: _____		Provoked:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Incident Details: _____						
Animal Owner	Name: Last:		First:		Middle:		
	Street:		City:		Zip:		
	Home Phone:		Work Phone:		Cell Phone:		
	Age:		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Animal Type & Description	Species: <input type="checkbox"/> DOG <input type="checkbox"/> CAT		NAME: _____				
	<input type="checkbox"/> STRAY <input type="checkbox"/> WILD		TYPE: _____				
	Sex: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<input type="checkbox"/> NEUTERED/SPAYED				
	Size: <input type="checkbox"/> 1-20 lbs. <input type="checkbox"/> 20-50 lbs. <input type="checkbox"/> 50 + lbs.						
	Age: <input type="checkbox"/> 0-4 Months <input type="checkbox"/> 4-12 Months <input type="checkbox"/> 1 + years						
	Color: _____		Breed: _____				
	Vaccinated: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPIRED		Expiration: _____				
	Vet Clinic: _____		Verified By: _____				
Animal Status	<input type="checkbox"/> 10 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 180 Days						
	Confinement Date:		Release Date:				
	Confinement Location:		<input type="checkbox"/> Owner Residence <input type="checkbox"/> County Shelter				
	<input type="checkbox"/> SPCA ID # _____		<input type="checkbox"/> Other _____				
	Confinement Form Signed & Attached:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Last Revised: January 2021		