



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:
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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: _____

Medical Facility	Treatment Received: _____
	Treating Physician: _____
	Medical Facility: _____
	Street Address: _____ City, State, Zip: _____
	Telephone: _____ Fax: _____