

# EXAMPLE OF A COMPLETED FORM - DOG BITE TO HUMAN - HOME QUARANTINE



## VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

TEL: (213)-288-7060 Email forms to: [vet@ph.lacounty.gov](mailto:vet@ph.lacounty.gov)

[publichealth.lacounty.gov/vet](http://publichealth.lacounty.gov/vet)



COUNTY OF LOS ANGELES  
**Public Health**

### ANIMAL CONTROL AGENCIES

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN				
Victim name (last and first) <b>Doe, Jane</b>		Date of Birth <b>7/4/2010</b>	Address (number, street, city and zip) <b>1234 Americana St, Los Angeles, CA 90012</b>	
Victim phone number <b>323-555-0000</b>		Reported by: <b>Mother - Jennifer Doe</b>		Reporter phone number <b>323-555-0000</b>
Date bitten <b>10/2/2019</b>	Time bitten <b>9am</b>	Address where bitten (if no address make sure to put city and zip code) <b>1234 Americana St, Los Angeles, CA 90012</b>		Body location bitten <b>Face</b>
How bite occurred (explain) <b>Victim was playing with dog unsupervised and the dog lunged and bit her in the face.</b>				
Date Treated <b>10/2/2019</b>	Hospitalized <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Treated by <b>Kaiser Permanente Los Angeles</b>		Phone number <b>213-111-2222</b>
Type of treatment <b>Wound care, stitches</b>				
ANIMAL				
Owner Name (last and first) <b>Doe, Jennifer</b>			Address (number, street city and zip) <b>1234 Americana St, Los Angeles, CA 90012</b>	
Phone Number <b>323-555-0000</b>	Type of animal <input checked="" type="checkbox"/> Dog Breed <b>Chihuahua</b> <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color) <b>Female, White</b>	
Animal Impounded <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Animal Shelter		Cage #	Impound #
Was animal taken to a clinic for treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, provide clinic address in this space.		
Current Rabies Vaccination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date Vaccinated <b>8/7/2018</b>	Animal sterilized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not verified	
Animal licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		License number <b>Y2468</b>	Expiration date <b>6/30/2020</b>	City or county licensed in <b>LACDACC</b>
Animal Died? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Euthanized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		If Euthanized, give reason: <b>N/A</b>	
Specimen prepared and ready for rabies testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable				
Remarks:				
Agency taking report: <b>LACDACC Baldwin Park</b>				
Date <b>10/3/2019</b>		Time <b>10am</b>	Faxed: <input type="checkbox"/> yes <input checked="" type="checkbox"/> No	
				Initials <b>MJ</b>

# EXAMPLE OF A COMPLETED FORM - DOG BITE TO HUMAN - DOG IMPOUNDED AT SHELTER



## VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

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COUNTY OF LOS ANGELES  
**Public Health**

### ANIMAL CONTROL AGENCIES

Use this form to report animals suspected of being rabid, even if no bite occurred. If there was no bite, write "None" in the PERSON BITTEN section.

PERSON BITTEN				
Victim name (last and first) <b>Doe, John</b>		Date of Birth 5/15/2000	Address (number, street, city and zip) 5555 Alphabet Ln, Downey, CA 90242	
Victim phone number 562-444-5555		Reported by: <b>Self</b>		Reporter phone number 562-444-5555
Date bitten 10/2/19	Time bitten 10pm	Address where bitten (if no address make sure to put city and zip code) 4321 Muffin Ln, Downey, CA 90242		Body location bitten Right hand
How bite occurred (explain) Victim tried to pick up the dog who was hit by a car. The dog was painful and bit his hand.				
Date Treated 10/2/19	Hospitalized <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Treated by Kaiser Permanente Downey ER	Phone number 562-111-0000
Type of treatment <b>Wound care</b>				
ANIMAL				
Owner Name (last and first) <b>Stray</b>			Address (number, street city and zip)	
Phone Number		Type of animal <input checked="" type="checkbox"/> Dog Breed <u>German Shepherd</u> <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color) <b>Male, Brn/black</b>
Animal Impounded <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Animal Shelter <b>Downey</b>		Cage # <b>Q143</b>
Impond # <b>A1897654</b>				
Was animal taken to a clinic for treatment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide clinic address in this space. <b>Downey Veterinary Clinic ER</b>		
Current Rabies Vaccination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Vaccinated		Animal sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not verified
Animal licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		License number		Expiration date
City or county licensed in				
Animal Died? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Euthanized? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>10/2/19</u>		If Euthanized, give reason: <b>Severe injuries from HBC</b>
Specimen prepared and ready for rabies testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable				
Remarks: Dog was euthanized at Downey Vet Clinic and then transported to LACDACC Downey. Specimen is decapped and in VPH fridge.				
Agency taking report: <b>Downey</b>				
Date <b>10/3/19</b>		Time <b>8am</b>		Faxed: <input type="checkbox"/> yes <input checked="" type="checkbox"/> No
Initials <b>MJ (#444)</b>				

**EXAMPLE OF A COMPLETED FORM - RACCOON VS. CAT - HOME QUARANTINE  
- RACCOON DIED AND IMPOUNDED/PREPARED FOR RABIES TESTING**



**VETERINARY PUBLIC HEALTH – RABIES CONTROL PROGRAM**

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COUNTY OF LOS ANGELES  
**Public Health**

**DOMESTIC ANIMAL vs. WILD MAMMAL  
INCIDENT REPORT FORM**

DOMESTIC ANIMAL – PET INFORMATION					
Owner last name <b>Smith</b>		Owner first name <b>Jeff</b>		Owner address. Number and street <b>4567 Candy Ln, Palmdale, CA 93550</b>	
City and zip code		Species <input type="checkbox"/> Dog <input checked="" type="checkbox"/> Cat		Breed <b>DSH</b>	Sex <b>M</b>
Age <b>5 yrs</b>		Date bitten <b>10/5/2019</b>		Time bitten <b>10am</b>	
Reported by <b>Owner</b>		Reporter area code & phone number <b>661-444-5555</b>		Address where bitten. Number and street <b>4567 Candy Ln, Palmdale, CA 93550</b>	
City and zip code		Type of injury to domestic animal <b>Wounds on body</b>		Animal vaccinated prior to contact with wildlife? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date vaccinated prior to contact with wildlife: <b>6/20/2017 (3 yrs)</b>		Animal vaccinated after coming into contact with wildlife? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date vaccinated after coming into contact with wildlife: <b>10/5/2019</b>	
Domestic animal impounded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Animal Shelter		Impound #	
Was animal euthanized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Veterinary Hospital <b>Palmdale Vet Clinic</b>		Address, city and zip <b>4880 Lucky Ave, Palmdale. CA 93350</b>	
Was animal taken to vet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Current location of animal: <input checked="" type="checkbox"/> Home address <input type="checkbox"/> Veterinary clinic listed above <input type="checkbox"/> Other			
WILD LIFE INFORMATION (animals other than dog or cat)					
Type of wild animal <input type="checkbox"/> Coyote <input type="checkbox"/> Skunk <input checked="" type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other (explain)			Wild animal disposition: <input type="checkbox"/> Left area/not located <input type="checkbox"/> Appeared sick <input checked="" type="checkbox"/> Captured/destroyed/died		
Wild animal specimen prepared for rabies testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		Location of wild animal specimen (clinic or shelter) <b>Palmdale shelter</b>		Date euthanized	Time
Veterinary Clinic or Animal Control Agency taking report: <b>Palmdale shelter</b>		Impound# of wild animal (if applicable) <b>A6618877</b>			
Address of Veterinary Clinic or Animal Control Agency <b>38550 Sierra Hwy, Palmdale 93550</b>					
<b>Comments:</b> Cat killed skunk during altercation. Skunk impounded and decapped - in VPH fridge.					
Submit a copy of the animal's rabies certificate(s), if available					
Report by: <b>ACO MJ #444</b>		Date taken: <b>10/5/2019</b>		Initials <b>MJ</b>	
				Faxed by:	
				Date: <b>10/5/2019</b>	



**2013**



VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM

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BAT SUBMISSION FORM

EXAMPLE OF A COMPLETED FORM -

INSTRUCTIONS: LIVE BAT FOUND INSIDE OF A HOUSE WITH A FAMILY & 2 DOGS.

- All bats submitted to animal shelters must be reported to the Health Department immediately.
Fill out as much information as possible.
DO NOT DECAPITATE specimen.
DO NOT FREEZE specimen.

DO NOT USE

1. Bat Impound # A1894567 Date 10/1/2013
Shelter Castaic ACO Janet Doe #444
Phone Number 661-257-3191

PLEASE USE

2. Name of person who captured bat Jason Bourne
3. Name of owner/business where bat was found N/A
4. Address (where found) 2468 Cherry Lane, Santa Clarita, CA 91384
5. Phone Number of premise 661-222-3333

UPDATED 2019

6. Capture location of bat: [X] Home (circle one: INDOORS or OUTDOORS) [ ] Garage
[ ] Business (circle one: INDOORS or OUTDOORS)
[ ] Public place (circle one: INDOORS or OUTDOORS)
[ ] Other

7. Time of capture or pickup 10am

FORM INSTEAD

8. Method used to capture bat
Jason picked up the bat with bare hands and placed into a box.

9. State of bat when captured (check one) [X] Live or [ ] Dead

10. Did any people or animals have potential physical contact with bat? [X] Yes [ ] No

Explain: Bat found inside the house while the family was sleeping. 2 dogs also live in the house.

Table with 3 columns: Names, Addresses, Phone. Rows include Jason Bourne, Jennifer Bourne (wife), and Jessica Bourne (daughter).



**\*\*EXAMPLE OF A COMPLETED FORM\*\***

**COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH  
VETERINARY PUBLIC HEALTH PROGRAM**

313 N. Figueroa St, #1127, Los Angeles, CA 90012  
Tel: (213) 288-7060 email: vet@ph.lacounty.gov  
Hours: Monday - Friday 8am to 5pm  
website: www.publichealth.lacounty.gov/vet



**BAT SUBMISSION FORM**

**INSTRUCTIONS:**

- All bats submitted to animal shelters/veterinary clinics must be reported to Public Health immediately. Complete form with as much information as possible.
- DO NOT DECAPITATE bat specimen.
- Refrigerate bat after it is deceased. DO NOT FREEZE.

**\*\*EXAMPLE OF A COMPLETED FORM - BAT INSIDE OF A HOUSE WITH 2 PEOPLE AND 2 DOGS INSIDE**

1. **Reporting Agency.** Shelter/Clinic Name Castaic

Phone 818-000-0000 Date bat reported to Public Health 7/4/2019

Staff member / ACO ACO Tom #007 Bat Impound # A1888911

2. **Person who found the bat.** Name Bruce Wayne Phone 818-111-1111

3. **When / where was the bat found?** Date bat found 7/3/2019

Name of business (if applicable) n/a

Address 123456 Park Ave, Santa Clarita, 91384

Type of location where bat found (check one):

- Home     Park     Camp  
 Business     School     Other: \_\_\_\_\_

4. **Details of bat encounter.** Describe how the bat was found, and where on the property Bat was found clinging to the wall of the guest bedroom in the morning and was not seen entering.

Was the bat found (check one)  Indoors\* or  Outdoors?

Time of capture/pickup 8am Method used to capture bat Snake tongs, thick gloves, bucket

When captured, was the bat (check one)  Alive\*\* or  Dead?

5. **Contact with bat.** Did any people or animals have potential physical contact with bat? (check one)  Yes\*  No  Unknown

*\*List all persons and pets that had direct contact with the bat or that were indoors with the bat.*

Names:	Addresses:	Phone:
Jennifer Doe	123456 Park Ave, Santa Clarita, 91384	818-222-2222
Jane Smith (friend staying over)	7890 Elm St, San Francisco, 91980	909-333-3333
2 dogs "Jack" & "Jill" - Dobermans - sleep inside the house	123456 Park Ave, Santa Clarita, 91384	Owner - Jennifer - 818-222-2222

\*\*List any shelter/clinic staff who had contact with the bat (e.g. during euthanasia, if applicable)

Name(s): Dr. Jae euthanized bat at shelter Phone: 213-288-7060