

COUNTY OF RIVERSIDE DEPARTMENT OF ANIMAL SERVICES RABIES CONTROL PROGRAM

Tel: (951) 358-7345 Fax: (951) 358-7738



Email: rabiescontrol@rivcocha.org http://www.rcdas.org

		PE	RSON	N BITTEN			
Victim Name (Last and first)			Dat	Date of Birth Address (number,		street, city and zip)	
	-						
Victim phone number	Repo	orted by:					Reporter phone number
Date bitten Time bitten Address where			bitten (if no address make sure to put city)				Body location bitten
How bite occurred				(if other,	explain)		
☐ Provoked ☐ Vicio	ous 3 Playful 3	Sick 3 Breakup	Fight 3	Unknown 5	Other		
Date Treated Treated By							Phone Number
Type of Treatment							
			ANI	MAL			
Owner Name (last and first)				Address (number, street city and zip)			
Phone Number Type of anir		mal Cat 3 Other			Des	Description of Animal	
Animal Impounded SI YES SI NO		nimal Shelter			lmp	Impound #	
Remarks	•					-	
Report taken by:							
Date	Т	ime		Faxed: 3	yes 3 no		Initials

It is your legal responsibility to initiate communicable disease reports within the required time frame (California Code of Regulations, Title 17, Section 2500). Reliance on laboratory reporting to Public Health is not a substitute. The HIPAA Privacy Rule recognizes the legitimate need for public health authorities (state and local health departments) and others responsible for ensuring public health and safety to have access to protected health information. There is an explicit exemption for public health activities in HIPAA (Section 164.512(b)). Patient consent or authorization is not needed. Your report must provide information, which will enable public health investigation. The information requested is the minimum necessary for public health purpose.

This information is also used for the purpose of communicable disease surveillance, prevention and control within Riverside County. Reporting materials are available by calling (951) 358-7345.