NIAGARA COUNTY DEPARTMENT OF HEALTH RABIES PROGRAM
WILDLIFE INCIDENT REPORT FORM

DATE OF NOTIFICATION	TIME OF REPORT	INSPECTOR TAKING REPORT	TOWNSHIP	E-HIPS NUMBER

REPORTING INDIVIDUAL INFORMATION

NAME OF PERSON	PHONE (HOME) (CELL) (WORK)
ADDRESS APT./LOT #	
CITY/TOWN/VILLAGE STATE ZIP CODE	

ANIMAL INFORMATION

SPECIES	CAPTURED ☐Yes ☐No	DATE OF DEATH	IF KILLED, HOW:	SUBMITTED FOR TESTING ☐Yes ☐ No

WAS ANIMAL SICK OR ACTING STRANGELY : ☐Yes ☐No
If yes, please describe:

HUMAN CONTACT INFORMATION

WAS ANY PERSON BITTEN OR SCRATCHED BY THE ANIMAL? ☐Yes ☐No
WAS ANY PERSON IN CONTACT WITH THE ANIMAL'S SALIVA OR NERVOUS TISSUE? ☐ Yes ☐ No

DETAILS OF CONTACT: **DATE OF INCIDENT**

NAME OF PERSON D.O.B.	PHONE (HOME) (CELL) (WORK)
ADDRESS APT./LOT #	
CITY/TOWN/VILLAGE STATE ZIP CODE	

ANIMAL CONTACT INFORMATION

WAS THE ANIMAL IN CONTACT WITH A PET OR DOMESTIC ANIMAL? ☐Yes ☐No
IF YES, SPECIES: _____ ANIMAL'S NAME: _____

DETAILS OF CONTACT:

OWNER'S NAME	PHONE (HOME) (CELL) (WORK)
ADDRESS APT/LOT #	
CITY/TOWN/VILLAGE STATE ZIP CODE	

RABIES VACCINATION STATUS: Current (date vaccinated) _____ ☐1 yr. ☐3 yr.
Expired (date) ☐ Unvaccinated ☐Unknown

VETERINARIAN THAT GAVE VACCINATION: Name _____ Phone _____

BOOSTER SHOT GIVEN? ☐Yes ☐No Date shot given _____

VETERINARIAN THAT GAVE VACCINATION: Name _____ Phone _____

HUMAN CONTACT WITH ANIMAL EXPOSED TO SUBSEQUENT RABID ANIMAL

WAS ANY PERSON IN CONTACT WITH THE ANIMAL EXPOSED TO SUBSEQUENT RABID ANIMAL? ☐Yes ☐No

DETAILS OF CONTACT: _____

IF YES, NAME	PHONE (HOME) (CELL) (WORK)
ADDRESS APT./LOT #	
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☐Referred to Nursing	☐ 45 day Observation	☐ Mod. 6 mo. Confinement	☐ 6 month Confinement
NO VACCINATION ☐	NO CONFINEMENT ☐	ABATED ☐	INSPECTOR SIG.

Please fax or email(preferred) completed form to: (716) 439-7427 rabies@niagaracounty.gov