



Saratoga County Public Health  
**DOMESTIC ANIMAL EXPOSURE  
TO WILDLIFE REPORT**

**PET OWNER INFORMATION**

Date of Exposure: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Species of animal that domestic animal was exposed to: \_\_\_\_\_

Is wildlife available for testing?  Yes  No If tested, results: \_\_\_\_\_

Were any humans exposed?  Yes  No **If yes, complete *Animal Bite Incident Report***

**Animal #1:**

Species of animal exposed to wildlife: Species \_\_\_\_\_ Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Animal #2:**

Species of animal exposed to wildlife: Species \_\_\_\_\_ Name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DESCRIPTION OF EXPOSURE:**

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