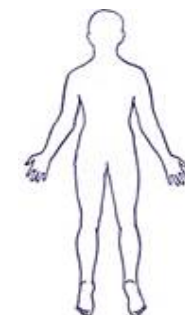


JONES COUNTY ANIMAL BITE/BAT EXPOSURE RECORD

AT THE TIME OF TREATMENT – TO BE COMPLETED BY MEDICAL PROVIDER OR OTHER PERSON THE BITE/BAT EXPOSURE WAS REPORTED TO (NOT THE PATIENT)									
Form completed by [print]:					Phone # for person completing form:				
Date bite occurred:			Date treated:			Medical facility treated:			
Person Bitten/Exposed to Bat Information									
First Name:			Last Name:			DOB:		Sex:	
If minor, parent name:									
Phone [day]:					Phone [evening]:				
Address:					City:		ST:		Zip:
Description of injury:									
Treatment provided:									
Were rabies vaccinations given to person bitten?									
Animal Information									
Address bite/bat exposure occurred:					City:		ST:		Zip:
Animal type:			Breed:				Color:		
Animal name:		Age:	Owner name:			Owner sex:		M	F
Owner address:					City:		ST:		Zip:
Owner phone [day]:				Owner phone [evening]:					
Veterinarian name:						Vet Phone #:			
Rabies tag #		Expiration date:			Quarantined: Y ☐ N ☐			Where:	
Circumstances of bite and other related information:									
Reporting Requirement		Dept. [see below] report sent to:					Date sent to dept.:		
Using the owner's address , submit this form to the applicable department below. If owner lives in another county in Iowa see https://hhs.iowa.gov/media/7798/download?inline for statewide points of contact. If no owner, use address of bite/bat exposure.									
Jones County:					OR				
Sheriff's Office					Jones County Public Health				
Phone:319-462-4371 Fax: 319-462-4766					319-462-6945 Fax 319-462-5302				

Please indicate
location of bite(s)



Updated: 10/1/26