## Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

## Celeste Philip, MD, MPH

State Surgeon General

Vision: To be the Healthiest State in the Nation

_CHD Epi Log # Merlin Case #: (only if prophylaxis is recommended)					
B-17-					
Reported Date:	Date	of Bite:	Obse	ervation	n End Date:
Victim's Name:		Sex:	Age:	.ge: DOB:	
Address:		City:			Zip:
		<u></u>			
Phone: Gu		ardian:		Relationship:	
Animal Type:		Type of Animal:			
	√ild	Canine Feline Other			
Location of Bite/Scratch on Body: Medical Care Provided By:					
	VI= O=	0.43,004,005,005			
DO	MESTI	C ANIMAL INFOR	RMATION	l .	
Animal Owner's Name:					
A dalua a a .		O:4:			7: <sub>0</sub> .
Address:		City:			Zip:
Call Dhana #:					
Cell Phone #:					
Veterinarian: Color of Animal: Animal's Name:					
veterinarian. Color of Affilia. Affilia s name:					
Veterinarian's Phone #: Da	to of E	Rabies Vaccine:	\ \	/accino	Typo:
veterinarian's Friorie #. Da	ile oi i	vaccine.	<b>v</b>	Vaccine Type:  1 YR 3 YR	
Notes:				1 11	\
LCDAS Activity #: LCDAS Animal Control Officer:					
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Florida Department of Health – Lee County Investigator:					
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PLEASE FAX THIS FORM TO (239) 332-9553

PHONE: 239/332-9501