

Mission:

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

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Vision: To be the **Healthiest State** in the Nation

LCHD Epi Log #:		Merlin Case #: (only if PEP is recommended)		
Date of Report:		Date of Attack:		Observation End Date:
Victim's Name: (Last, First)		Sex:	Age:	DOB:
Address: (No. & Street) (City) (State) (Zip)				
Phone Number:		Name of Guardian: (if victim is a minor)		Relationship:
Type of Animal: <input type="checkbox"/> Owned <input type="checkbox"/> Male Estimated Age: _____ <input type="checkbox"/> Dog <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Cat <input type="checkbox"/> Feral <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Wild				
Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Other _____ <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Playful <input type="checkbox"/> Unknown				
Details of Injury:		Location of Injury on Body:		
<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Other _____				
Medical Care Provided By:				
DOMESTIC ANIMAL INFORMATION				
Animal Owner's Name: (Last, First)				
Address: (No. & Street) (City) (State) (Zip)				
Phone Number:	Animal's Name:	Color:	Breed:	
Veterinarian's Name:		Veterinarian's Phone Number:		
Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown		Vaccination Date: _____ <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine		
NOTES:				
LCDAS Activity #:		LCDAS Animal Control Officer:		
LCHD Investigator:				

PLEASE FAX TO (239) 332-9553
Florida Department of Health

In Lee County • Epidemiology/Communicable Disease Control Services

2295 Victoria Avenue, Fort Myers, FL 33901

PHONE: 239/332-9580

<http://lee.floridahealth.gov/>



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Public Health Accreditation Board