

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
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:		Vaccination Date: _____		<input type="checkbox"/> 1 Year Vaccine	
<input type="checkbox"/> Vaccinated				<input type="checkbox"/> 3 Year Vaccine	
<input type="checkbox"/> Unvaccinated				<input type="checkbox"/> 4 Year Vaccine	
<input type="checkbox"/> Unknown					
NOTES:					
LCDAS Activity #:			LCDAS Animal Control Officer:		
LCHD Investigator:					

PLEASE FAX TO (239) 332-9553

Florida Department of Health

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



Accredited Health Department
Public Health Accreditation Board