

Every animal bite is reportable to local Animal Control:

Phone: 815-434-8661

Fax: 815-434-7725

Consult with the Health Department prior to the start of Rabies Post Exposure Prophylaxis (PEP). A low risk animal may negate the need for PEP or a situation where the Health Department would not recommend PEP.

The LaSalle County Health Department is open Monday through Friday from 8 am to 4:30pm. Our phone number is **(815)433-3366**.

For emergency after hours reporting of communicable diseases, please contact the **LaSalle County Sheriff's Department at (815)433-2161** and give them your contact information and someone from the Health Department will contact you as soon as possible.

Report to the Health Department:

- Any exposure to a bat, not just a bite.
- Any bite from a wild animal other than a rodent or rabbit (high-risk fox, coyote, skunk, raccoon, bat)
- Any bite from a dog or cat that is not provoked or in which the animal has signs suggestive of rabies (extremely aggressive, excess salivation, paralyzed, walking circles or other neurologic signs)
- Any bite from a large domestic animal (cow, horse, etc.) or exotic animal (lion, tiger, monkey, etc.)
- Bites from any animal where they are unsure if rabies PEP is needed so a consultation can take place.
- Any person that is started on rabies PEP without prior consultation to the Health Department.

RETURN TO:
LaSalle County Animal Control
Dell Brodd, D.V.M. Administrator
119 W. Madison Street, Room 100
Ottawa, Illinois 61350
Phone: (815) 434-8661
Fax: (815) 434-7725

DATE OF REPORT _____

PERSON BITTEN _____ Sex _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Date of Bite ____/____/____ Home Phone _____ Work Phone _____

Parent or Guardian of person bitten _____ Address _____

City _____ State _____ Zip _____ Home Phone _____ Work Phone _____

Did Animal Attack Victim? _____ Describe _____

ATTENDING PHYSICIAN _____ Phone _____

Address _____ City _____ State _____ Zip _____

REPORTED BY _____ Phone _____

Address _____ City _____ State _____ Zip _____

OWNER OF ANIMAL _____ Phone _____

Address _____ City _____ State _____ Zip _____

Animal Type Dog _____ Cat _____ Other _____ Breed _____ Name _____

Rabies Vaccination Yes _____ No _____ Unknown _____ Date Vaccinated ____/____/____ 1 year _____ 3 year _____ Tag# _____

Clinic where vaccinated _____ Phone _____

Address _____ City _____ State _____ Zip _____

VETERINARY HOSPITAL WHERE BITING ANIMAL IS CONFINED:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

COMMENTS