

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