Hunterdon County
Department of Public Safety
Division of Public Health Services

www.co.hunterdon.nj.us/health.htm

Date of Report	Time	Reported By Agency	Reported by Name	Phone Number
9/29/2018	6:25 PM	Hunterdon Medical Center ER		(908) 788-6183

EXPOSED PERSON

Last Name	First Name	Age	Phone Number	Municipality
[redacted]	[redacted]	12	[redacted]	High Bridge Borough

Mailing Address	Mailing Address 2	City	Zip
[redacted]		High Bridge	08829

Date Bite Occurred	Time Bite Occurred	Location of Animal at Time of Bite
9/29/2018	5:40 PM	outside home

Physician Consulted (Y/N)	Date Consulted	Time Consulted	Physician's Name
Y	9/29/2018	6:10 PM	Dr. Grimes

Location of Bite on Body	Classification of Bite	Info Provided By
upper leg		[redacted]

Circumstances of Bite

[redacted] dog was looking for attention and playfully jumped onto her neighbor's daughter.

ANIMAL

Animal Type	Breed
Dog	Boxer

Description	Animal Name
tan	Mac

Animal Licensed (Y/N)	License Number	Date Vaccinated	Vaccinated By
Y			Califon

Owner's Last Name	Owner's First Name	Owner's Phone	Municipal Location of Animal
[redacted]	[redacted]	[redacted]	High Bridge Borough

Owner's Address	Owner's Address 2	City	Zip
[redacted]		High Bridge	08829

Location of Animal (if different from owner)	Present Status	Date of Death

FOR COUNTY USE ONLY

Bite Number (yy-num)	Referred to Quarantine Offical Via:	Date Referred	Completed By	Completion Date
18-297	☑ Fax ☐ Phone	10/1/2018	Dawn J	10/1/18

☐ No further action required ☒ Confinement required until: 10/9/18

Comments

Animal Resides Out of County ☐ Referred To:

Animal Resides Out of State, Referred to NJDOH ☐

Physical Address: 314 State RT. 12, County Complex, Bldg. #1, 2nd Floor
Mailing Address: P O Box 2900, Flemington, NJ 08822
Tel (908) 788-1351 Fax (908) 782-7510

Hunterdon County
Department of Public Safety
Division of Public Health Services

www.co.hunterdon.nj.us/health.htm

Date of Report	Time	Reported By Agency	Reported by Name	Phone Number
9/30/2018	1:31 AM	Hunterdon Medical Center ER	K Oakes	(908) 788-6183

EXPOSED PERSON

Last Name	First Name	Age	Phone Number	Municipality
[redacted]	[redacted]	[redacted]	[redacted]	High Bridge Borough

Mailing Address	Mailing Address 2	City	Zip
[redacted]		High Bridge	08829

Date Bite Occurred	Time Bite Occurred	Location of Animal at Time of Bite
9/30/2018	12:00 AM	neighborhood

Physician Consulted (Y/N)	Date Consulted	Time Consulted	Physician's Name
Y	9/30/2018	1:31 AM	

Location of Bite on Body	Classification of Bite	Info Provided By
right eye		patient

Circumstances of Bite

Jennifer bent over to pet the dog and it snapped at her.
*She does not have any information on the dog owner.

ANIMAL

Animal Type	Breed
Dog	Border Collie

Description	Animal Name
white & black	

Animal Licensed (Y/N)	License Number	Date Vaccinated	Vaccinated By

Owner's Last Name	Owner's First Name	Owner's Phone	Municipal Location of Animal
			High Bridge Borough

Owner's Address	Owner's Address 2	City	Zip
		High Bridge	08829

Location of Animal (if different from owner)	Present Status	Date of Death

FOR COUNTY USE ONLY

Bite Number (yy-num)	Referred to Quarantine Offical Via:	Date Referred	Completed By	Completion Date
18-298	☑ Fax ☐ Phone	10/1/2018	[illegible]	10/1/18

☐ No further action required ☒ Confinement required until: 10/10/18 # if dog is located

Comments

phone # given just gives back a busy signal. have tried calling # all day. will send a certified letter to exposed person regarding rabies prophylaxis shots

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