

Animal Bite Report Form

*Please send completed form to the appropriate Regional Environmental Health Office. Refer to the attached contact sheet for contact information.

Information on Person Reporting Dog Bite or Potential Exposure

Reporter Name: _____ Date Reported: _____
 Reporter Phone: _____ City/Village: _____

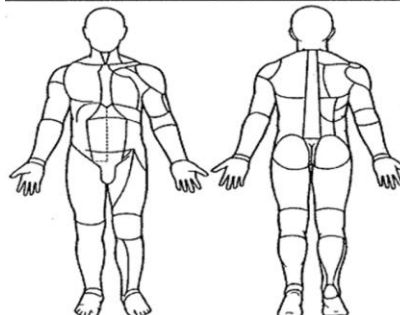
Information on Person Bitten or Exposed

Name (first, last): _____ Birthdate: ____ / ____ / ____
 Address/Village: _____ Age: _____
 Parent/Guardian: _____ Gender: Male Female
 Phone: _____ Weight: _____

Exposure & Treatment

Date of Exposure: _____
 Type of Exposure: Bite Scratch
 Other (explain): _____
 Person Treated? Yes No Date: _____
 Person Providing Treatment: _____
 Were wounds washed immediately? Yes No
 Unknown
 Severity of Injury: Treated and released
 Hospitalized

Wound Location (s): Place an X



Owner / Animal Information

Owner Name: _____ Address/Village: _____
 Phone: _____ Alt. Phone: _____
 Animal Type: Dog Cat Fox Other _____
 Animal Name: _____ Age: _____ Sex: Male Female
 Color: _____ Breed: _____
 Vaccinated for Rabies? Yes No Unknown When? _____
 Where is the animal now? _____

Details of Exposure

Explain how the exposure occurred: _____

TO BE COMPLETED BY REGIONAL ENVIRONMENTAL HEALTH OFFICE OR OTHER INVESTIGATOR

Verified Tag #: _____ No record of vaccination
 Vaccinator: _____ Date of Vaccination: ____ / ____ / ____
 Condition of Animal: Restrained Unrestrained
 Alive Dead Unknown
 Initial Investigation Notes: _____

 Notes after 10 Day Quarantine: _____

 Investigator: _____
 Date Received: _____ Date Completed: _____