



ANIMAL BITE REPORT RABIES CONTROL INVESTIGATION

| DOH USE ONLY |
|----------------------|
| Date Received: _____ |
| Case Number: _____ |
| Day 10: _____ |

| | | | |
|---|---|--|--------------|
| 1. Name of Person Bitten (Last, First) | 2. <input type="checkbox"/> Male <input type="checkbox"/> Female | 3. Date of Birth | 4. Telephone |
| 5. Address of Person Bitten | | | |
| City | | State | Zip Code |
| 6. Guardian | 7. Part of body that was <input type="checkbox"/> bitten <input type="checkbox"/> scratched <input type="checkbox"/> exposed <input type="checkbox"/> contact | | |
| 8. Place of Attack | | 9. Date of Attack | |
| 10. Circumstances of Attack: <input type="checkbox"/> Unknown <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Injured <input type="checkbox"/> Other _____ | | | |
| 11. Doctor seen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Tetanus given? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Antibiotics Given: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date of Last Tetanus: | |
| 12. Type of Animal <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Female <input type="checkbox"/> Owned <input type="checkbox"/> Spayed | | | |
| <input type="checkbox"/> Wild <input type="checkbox"/> Other _____ <input type="checkbox"/> Male <input type="checkbox"/> Stray <input type="checkbox"/> Neutered | | | |
| <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown | | | |
| 13. Animal Owner if known | | 14. Name of Animal, Breed, Color; Age of Animal | |
| 15. Animal Owner's Address | | | |
| City | | State | Zip Code |
| Telephone | | | |
| BELOW FOR HEALTH DEPARTMENT/ANIMAL SERVICES USE ONLY | | | |
| 16. <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated Vet: Rabies Tag No. Vaccination Date <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR | | | |
| <input type="checkbox"/> Unknown | | | |
| 17. Has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Locate Animal | | | |
| Location of Quarantine | | From Date | To Date |
| 18. Animal survived quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail | | | |
| Victim notified by: | | Date: | |
| 19. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: | | | |
| 20. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal | | 21. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted | |
| 22. Head Sent to Lab on: | | Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY | |
| Victim notified by: | | Date: | |
| 23. <input type="checkbox"/> PEP Recommended <input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Unable to make contact, certified letter mailed: | | | |
| 24. Remarks: | | | |
| | | | |
| | | | |
| | | | |
| 25. Case Closed by: | | Date: | |