



ANIMAL BITE REPORT

1. Case Number:

RABIES CONTROL INVESTIGATION

Date of Report: _____

| | | | | | |
|---|--|--|--|------------------|---|
| 2. Name (Last, First): | | 3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | 4. Age: | 5. Telephone: |
| 6. Address (No. & Street): _____ (City) _____ (State) _____ (Zip) | | | | | |
| 7. Name of Parent/Guardian (if victim is a minor): | | | 8. Address (if different than above): | | |
| 9. Source of Information (Person or Office): | | | | Telephone: | |
| 10. Place of Attack: | | | 11. Time and Date of Attack: | | |
| 12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____ | | | | | |
| 13. Animal Owner (Custodian): | | | | Telephone: | |
| 14. Address (No. & Street): _____ (City) _____ (State) _____ (Zip) | | | | | |
| 15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Estimated Age: <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Unaltered <input type="checkbox"/> Wild <input type="checkbox"/> Unknown | | | | | |
| 16. Description (Breed, Color, Etc.): | | 17. License Number: | | Date: | From: |
| 18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown | | | 19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____ | | | Vaccination Date: | Rabies Tag No.: | <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine |
| 21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined | | | From Date: _____ To Date: _____ | | |
| 22. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____ | | | | | |
| 24. Quarantine Released: | | | Date: _____ By: _____ | | |
| 25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal | | | 26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted | | |
| 27. Remarks: | | | | | |
| 28. Head Sent to Lab: | | Date: _____ | By: _____ | Telephone: _____ | |
| 29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY | | | | | |
| 30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail | | | Date: _____ | By: _____ | |
| 31. <input type="checkbox"/> Case Closed | | | Date: _____ | By: _____ | |
| 32. Person Completing Form: | | | | Telephone: _____ | |

Instructions for completing the form “Animal Bite Report” 6/07

The purpose of this form is to collect information about animal bites in the context of a rabies control investigation. It should be used by county health department staff when conducting an animal bite investigation.

1. **Case Number:** Provide the number assigned to the case being investigated. This number is intended for internal tracking and will be specific to each county.
2. **Name:** Provide the first and last name of the bite victim.
3. **Sex:** Indicate if the victim is male or female.
4. **Age:** Provide the victim's age.
5. **Telephone:** Enter the victim's contact telephone number.
6. **Address:** Enter the victim's address, including number and street, city, state, and zip code.
7. **Name of Parent/Guardian:** If the victim is a minor, enter the name of a parent or guardian.
8. **Address:** Enter the parent/guardian's address, if different from that of the victim.
9. **Source of Information:** Indicate the name and contact telephone number of the person or office providing the information for the report.
10. **Place of Attack:** Enter the geographic location where the bite occurred (i.e. victim's home, owner's home, etc.).
11. **Time and Date of Attack:** Indicate the time and date when the attack took place.
12. **Circumstances of Attack:** Check the appropriate box to describe the circumstances surrounding the bite. If there is relevant information that is not captured by the check boxes, please write it in the space provided.
13. **Animal Owner:** Enter the name and contact telephone number of the animal's owner or custodian.
14. **Address:** Enter the animal owner's address, including number and street, city, state, and zip code.
15. **Type of Animal:** Check the box next to the type of animal involved in the bite. If “other”, write the type of animal in the space provided. Indicate whether the animal is owned, wild, or stray. Indicate the gender and whether or not the animal has been spayed or neutered. If the animal has definitely not been spayed or neutered, select the “Unaltered” box. Enter the estimated age of the animal.
16. **Description:** Provide a description of the animal, including the breed, color, and other relevant identifying information.
17. **License Number:** If the animal is licensed, indicate the license number, the date the license was issued, and the dates for which the license is valid.
18. **Behavior:** Indicate if the animal's behavior at the time of the bite was normal, abnormal, or unknown.
19. **Prior Bite History:** Indicate whether the animal has a history of prior bites.
20. **Vaccination Status:** Indicate whether the animal has been vaccinated against rabies. Write in the name of the providing veterinarian, the vaccination date, the tag number, and check the box to indicate whether the animal received a 1-, 3-, or 4-year vaccine.
21. **Animal Location:** Check the box to indicate if the animal was unable to be located, or if the animal is being confined. If the animal is being confined, write in the dates of confinement.
22. **Quarantine Agreement:** If the animal is being confined at the owner's home, indicate whether the owner signed a Home Quarantine Agreement form (see the Rabies Guidebook for an example).
23. **Cause of Death:** If the animal is dead, indicate the cause of death by checking the appropriate box, and writing in the date of death.
24. **Quarantine Released:** Indicate if the animal has been released from quarantine. If yes, write in the date of the release and the name of the person authorizing the release.
25. **Veterinarian:** Check the box to indicate whether the animal has been seen by a veterinarian.
26. **Head Examination:** Check the box to indicate if an examination of the animal's head has been requested or is not warranted.
27. **Remarks:** Enter any additional remarks regarding the investigation that were not captured elsewhere in the form.
28. **Head Sent to Lab:** Enter the date the head was sent, and the name and contact telephone number of the person submitting the head for testing.
29. **Results:** Check the appropriate box to indicate if the head tested positive or negative for rabies, or if the results were unsatisfactory.

30. **Victim Notified:** Check the appropriate box to indicate the method by which the victim was notified of the laboratory results. Enter the date the victim was notified, and the name of the person who contacted the victim.
31. **Case Closed:** Check the box to indicate if the case has been closed. Enter the date of closure, and the name of the person who closed the case.
32. **Person Completing Form:** Enter the name and contact telephone number of the person completing the form.