

ANIMAL BITE REPORT

PATIENT INFORMATION

DATE REPORTED _____ REPORTED BY _____

DATE OF BITE _____ DATE RECEIVED _____

PATIENT'S NAME _____ PHONE _____

IF MINOR, PARENT'S NAME _____ AGE _____

ADDRESS OF PATIENT Street City Zip County

ATTENDING PHYSICIAN'S NAME ADDRESS

LOCATION OF BITE (Part of Body) _____

SIZE OF WOUND _____

WERE STICHES REQUIRED? YES _____ NO _____

DO YOU CONSIDER THIS A SERIOUS INJURY? YES _____ NO _____

ANIMAL INFORMATION

KIND OF ANIMAL _____ DESCRIPTION OF ANIMAL _____

NAME OF ANIMAL _____ SEX OF ANIMAL _____

OWNER'S NAME _____ DOB _____ OWNER'S PHONE _____

ADDRESS OF OWNER Street City Zip County

INVESTIGATION OF REPORT _____ INVESTIGATOR _____ DATE _____

PLACE OF QUARANTINE _____

VETERINARIAN'S DIAGNOSIS _____

RABIES SHOTS: YES _____ NO _____ VACCINATION DATE _____

ANIMAL TESTED FOR RABIES: YES _____ NO _____ LAB DATE _____

RESULTS: POSITIVE _____ NEGATIVE _____ PREVIOUS BITE RECORD _____

CIRCUMSTANCES OF BITE _____

COMMENTS ON OTHER SIDE:
Revised 10/27/14