

# Animal Bite Report Form

**Fax to Berrien County Health Department at 269-927-5680 - Attn: Public Health Nursing**

Informant: \_\_\_\_\_ Date: \_\_\_\_\_  
 ER     WI     Vet     Other

**If Rabies is suspected, please call Public Health Nursing - B. H. Office 269-927-5627/Niles Office 269-684-2800.**

**PERSON BITTEN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female: \_\_\_\_\_ Male: \_\_\_\_\_  
**Alternative Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BITE OR OTHER EXPOSURE**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Dog     Cat     Other \_\_\_\_\_  
 Time: \_\_\_\_\_ AM PM Describe circumstances: \_\_\_\_\_  
 Provoked  
 Unprovoked Describe location and nature of injuries: \_\_\_\_\_

**ABOUT THE ANIMAL**

Ownership	Description of Animal (age, sex, relevant history, breed (if known))	Animal's Rabies Immunization HX
<input type="checkbox"/> Victim's household pet	_____	<input type="checkbox"/> Unknown
<input type="checkbox"/> Acquaintance's pet	_____	<input type="checkbox"/> Unvaccinated
<input type="checkbox"/> Stranger's pet	_____	<input type="checkbox"/> Vaccinated; current
<input type="checkbox"/> Stray	_____	<input type="checkbox"/> Vaccinated; not current
<input type="checkbox"/> Wild	Owner: _____ Phone: _____	<input type="checkbox"/> Last shot given: ____/____/____
	Address: _____	

**MEDICAL FOLLOW-UP**

Comments:	Routine Follow-Up
_____	<input type="checkbox"/> Tetanus immun. status checked
_____	<input type="checkbox"/> Antibiotic prophylaxis
_____	<input type="checkbox"/> Wound cleaned with soap & water
_____	<input type="checkbox"/> Disinfectant applied
_____	<input type="checkbox"/> Victim cautioned about risk of infection.

**RABIES POST EXPOSURE PROPHYLAXIS:**     *Recommended*     *Not Recommended*

**For Public Health / Animal Control Use**

**DISPOSITION OF ANIMAL AND RECOMMENDATIONS**

Plan for Animal	Additional Information (transportation details, etc.)	Test Results
<input type="checkbox"/> Lost to follow-up	_____	<input type="checkbox"/> Not tested
<input type="checkbox"/> Hold for 10-day observ.	_____	<input type="checkbox"/> Negative
<input type="checkbox"/> Discard/release (no risk)	_____	<input type="checkbox"/> Unsatisfactory
<input type="checkbox"/> Send head to lab (batch)	_____	<input type="checkbox"/> Positive
<input type="checkbox"/> Send head to lab (express)	_____	
<input type="checkbox"/> Refer to Vet Diagnostics	<b>Faxed to Animal Control: Date:</b> _____ <b>Initials:</b> _____	

Public Health Investigator: \_\_\_\_\_ Date: \_\_\_\_\_