

BERRIEN COUNTY ANIMAL BITE REPORT
***ALL ANIMAL BITES ARE REQUIRED TO BE
REPORTED WITHIN 24 HOURS OF INCIDENT***
Submit form by Email to: animalbite@berriencounty.org



Reporting Agency: _____ Date: _____

ER WALK-IN PRIMARY CARE OTHER _____

Phone #: _____

If Rabies is suspected, please call Public Health Investigation at 269-927-5626

VICTIM INFORMATION

Name: _____ Phone: _____

Street Address: _____ Apt or Lot#: _____

City: _____ State: _____ Zip: _____ County: _____

Date of Birth: ____/____/____ Age: _____ Sex: Female Male Born as: _____

Alternative Contact: Name: _____ Phone: _____

Parent/Guardian

STATEMENT OF INCIDENT

Date: ____/____/____

Time: _____ AM PM

PROVOKED

UNPROVOKED

DOG CAT OTHER: _____

Describe Circumstances:

OWNERSHIP

Victim's household pet

Acquaintance's pet

Stranger's pet

Stray

Wild

ABOUT THE ANIMAL(S)

Description of Animal (age, sex, relevant history, breed (if known):

Owner: _____ Phone: _____

Address: _____

City

State

**ANIMAL'S RABIES
IMMUNIZATION HX**

Unknown

Unvaccinated

Vaccinated: Current

Vaccinated: Not current

Last shot given

____/____/____

****MUST BE COMPLETED BY MEDICAL PROVIDER/STAFF****

Provider Name: _____ Phone #: _____

Location: _____

Describe location of wounds:

Tetanus status checked

Tetanus administered

Wound healed

Disinfectant applied

Antibiotic prophylaxis prescribed

PEP initiated Y N
Rabies

****RABIES POST EXPOSURE PROPHYLAXIS:** Recommended NOT Recommended

**For Animal Control
Use ONLY:**

Officer: _____

Complaint #: _____

Date Taken: _____

****This form MUST BE
completed in its
entirety****