

PRINT LEGIBLY

Animal Bite Report

Dickinson-Iron District Health Department

Dept. Use Only
Logged: _____
Reviewed: _____

Date of Initial Report: _____ Date Faxed to Health Dept (774-9910 or 265-2950) _____
 Date Faxed to Sheriff's Dept (774-2604 or 875-6370) _____

1. Informant Emergency Dept. Physician Citizen Other:

Name: _____ Phone: _____

2. Information on Person Bitten **D.O.B.**

Name: _____ Age: _____ Phone: _____

Address: _____ Family Physician: _____

Date of Bite: _____ Time: _____ Provoked Unprovoked

Nature of Injury: (location on body, etc.) _____

3. Medical Information of Person Bitten

Medical Care Required Medical Care Refused Tetanus Immunization Status Checked

Medical Treatment Provided: _____

Post-Exposure Rabies Prophylaxis:

Recommended Not Recommended Pending Confinement/Lab Results

Physician making recommendation:
 Printed name: _____ Signature: _____

4. Information of Animal

Species: _____ Age: _____ Breed: _____ Household Pet Stray Wild

Rabies Immunization History:
 Unknown Not Vaccinated Vaccination Current Vaccination Not Current

Description of Animal and Incident _____

County of Occurrence: _____

Owner's Name: _____ Phone: _____

Address: _____

Person Completing Above Section: _____

5. Recommendation for Disposition of Animal

Confine 10 days Euthanize and Test Other (explain): _____

Person Making Recommendation: _____

6. Completed by Animal Control

Date Owner Informed of 10 Day Confinement Period: _____ Officer Name: _____

Date Follow-up on Confinement Period: _____ Officer Name: _____

Results of 10 Day Confinement: _____

7. Completed by Health Department

Date Confinement Results Reported to Health Department: _____ Received By: _____

Rabies Lab Results: Test not requested Negative Positive Unsatisfactory Specimen

Date Rabies Results Reported to: Patient _____ Patient's Physician _____

Comments: _____

Date Report Closed: _____ Investigator: _____

▶ Report to Health Department within 24 hours of incident