

## ANIMAL BITE REPORT FORM

**Date & Time of Treatment:** \_\_\_\_\_

**Name of Person Bitten** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date/Time Bitten** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Race** \_\_\_\_\_

**Ethnicity** (circle)    Hispanic/Latino    Non-Hispanic/Latino    Arab    Non-Arab

**Parent/Guardian name** (if under 18 years old) \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Worksite/School** \_\_\_\_\_ **Occupation/Grade** \_\_\_\_\_

**Type of Bite** (circle)    Bite    Scratch    Bat in room    Other

**Description of Injuries** \_\_\_\_\_

**Description of Exposure** \_\_\_\_\_

**Owner of Animal** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Animal Type** (circle)    Dog    Cat    Raccoon    Skunk    Bat    Rodent    Other

**Sex of Animal** (circle)    Male    Female    Unknown

**Reproductive Status** (circle)    Spayed/Neutered    Unaltered    Unknown

**Ownership** (circle)    Pet of Household    Pet of Stranger    Stray Animal    Wild Animal  
    Pet of Acquaintance    Other    Unknown

**Rabies Vaccination Status of Animal** (circle)    Vaccinated- Current    Not Current    Never Vaccinated    Unknown

### Medical Information

**Was Rabies Immune Globulin Given?**    Yes    No    **Was Rabies Post Exposure Vaccine Given?**    Yes    No

**Was Tetanus Given?**    Yes    No    **Was Antibiotic Prescribed?**    Yes    No

\*\*\* Rabies has been transmitted to humans from bats even when no bite was apparent. A person should be started on rabies post exposure treatment if one of the following occurs: a bat is found in the room of an unattended child, intoxicated, mentally challenged or sleeping individual and the bat is not available for testing, or, a bat comes in physical contact with a person and is not available for testing.\*\*\*

### PLEASE FAX TO THE LOCAL HEALTH DEPARTMENT AND TO ANIMAL CONTROL

Bay County Animal Control	Huron County Non-Emergency	Midland County Animal Control	Saginaw County Animal Care Center	Sanilac County Animal Control	Tuscola County Animal Control
989-894-0679 989-894-1292 (fax)	989-269-6421	989-832-6856 989-839-4611 (fax)	989-797-4500 989-797-4509 (fax)	810-648-4831 810-648-3170 (fax)	989-672-3863 989-672-3003 (fax)
Bay County Health Dept.	Huron County Health Dept.	Midland County Health Dept.	Saginaw County Health Dept.	Sanilac County Health Dept.	Tuscola County Health Dept.
989-895-4003 989-895-2083 (fax)	989-269-9721 989-269-4181 (fax)	989-832-6380 989-486-9064 (fax)	989-758-3880 989-758-3750 (fax)	810-648-4098 810-648-5272 (fax)	989-673-8114 989-673-7490 (fax)