

# TUSCOLA COUNTY HEALTH DEPARTMENT

Phone: 989-673-8114

1309 Cleaver Road, Caro, MI 48723  
www.tchd.us

Fax: 989-673-7490

## ANIMAL BITE REPORT

Date Received \_\_\_\_\_ Time \_\_\_\_\_  
Reported by \_\_\_\_\_

Victim's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone (Hm.) \_\_\_\_\_ (Wk.) \_\_\_\_\_  
County of Residence \_\_\_\_\_ Address \_\_\_\_\_ City/Village \_\_\_\_\_ Zip \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Time \_\_\_\_\_

What Precipitated Incident? \_\_\_\_\_

Treatment Sought:  Yes  No Where? \_\_\_\_\_ Physician \_\_\_\_\_

Private Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of Wound \_\_\_\_\_

Treatment of Wound \_\_\_\_\_

Type of Animal:  Dog  Cat  Other Animal's Name \_\_\_\_\_

Type of Exposure:  Bite  Scratch  Lick  Other \_\_\_\_\_

Age \_\_\_\_\_ Sex:  Male  Female Date of Rabies Vaccination \_\_\_\_\_ License Number \_\_\_\_\_

Description of Animal \_\_\_\_\_

Present Health Status of Animal:  Appears Healthy  Ill, Explain:  Vicious  Foaming at Mouth  Salivation  Paralysis  
 Difficulty Swallowing  Other \_\_\_\_\_

Animal Under Observation by Animal Control?  Yes  No Explain \_\_\_\_\_

Does physician advise laboratory test on animal?  Yes  No

Does physician advise rabies vaccine for victim?  Yes  No

Has animal control been contacted?  Yes  No

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

Address \_\_\_\_\_

City/Village \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Comments and/or follow-up report: (Use additional pages if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date \_\_\_\_\_