

ANIMAL BITE REPORT (page 1 of 2)
(to be filed with municipality records)

Date: _____

Case #: _____

Town in which report is to be filed: _____

VICTIM IDENTIFICATION (If human contact)

Name: _____ DOB: _____ M [] F []

Address: _____ Telephone (H) _____ (W) _____

If minor, parent/guardian: _____ Relationship: _____

Address, if different: _____ Telephone (H) _____ (W) _____

Did victim have rabies prevention immunizations prior to this incident? Yes [] No [] Unknown []

DOMESTIC ANIMAL IDENTIFICATION (IF ANIMAL CONTACT)

Type of Animal: _____ Owned [] Stray [] Wild []

Description: _____ M [] F [] Age: _____

If owned – owner/keeper: _____ Telephone (H) _____ (W) _____

Address: _____

Date of most recent rabies vaccination: _____ Veterinarian: _____ Telephone: _____

License #: _____ State: _____ Clinic: _____ Tag # _____ Exp. _____
(Rabies) (Date)

SUSPECT ANIMAL

Type of Animal: _____ Owned (If Applicable) [] Stray [] Wild []

Description: _____ M [] F [] Age (If known): _____

If owned – owner/keeper: _____ Telephone: _____

Address: _____

Date of most recent rabies vaccination: _____ Veterinarian: _____ Telephone: _____

License #: _____ State: _____ Clinic: _____ Tag # _____ Exp. _____
(Rabies) (Date)

ANIMAL BITE REPORT (page 2 of 2)

DESCRIPTION OF INCIDENT

Date reported: _____ Reported by: _____

Date of Incident: _____ Type of contact: Bite [] Scratch [] Other (specify): _____

Body part(s) bitten/scratched: _____ Medical care required? Yes [] No []

Hospital: _____ Doctor: _____

Was rabies post-exposure prophylaxis given to victim? Yes [] No [] Unknown []

Date that post-exposure prophylaxis was initiated: _____

Where did incident take place? _____ Provoked? Yes [] No []

Description of incident: _____

DISPOSITION OF VICTIM ANIMAL

In owner's possession: [] Euthanized and sent to HETL for testing: [] Unknown (not captured): []
Veterinary Hospital: [] Animal Shelter: [] Boarding Kennel: [] Other (specify): _____

Name of facility & location: _____

Telephone: _____ Date of quarantine: _____ Date of release: _____
Veterinary exam? Yes [] No []

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Veterinary hospital: [] Animal shelter: [] Boarding kennel: [] Other (specify): _____

Name of facility & location: _____

Date of quarantine: _____ Date of release: _____ Veterinary exam? Yes [] No []

INVESTIGATING OFFICER

Name (print): _____ Signature: _____

Title: _____ Employer: _____

Address: _____

Enforcement: Rabies Advisory Notice [] Quarantine Notice [] Civil/Criminal Summons []

Other: _____

Has animal been ill, acted strangely, or bitten anyone recently? Yes [] No []

If yes, explain: _____