



Animal Bite Incident Report

IMPORTANT: All animals involved in a bite incident should be observed for ten (10) days and not automatically euthanized unless determined in the best interest of the animal by a veterinarian.

VICTIM IDENTIFICATION: [Person(s) bitten or definitely exposed to saliva]

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Bite/Exposure: _____ Describe Injury (location of injury, number of puncture marks, etc.) _____

Describe Treatment: _____ Antibiotics: Yes () No ()

Physician: _____ Medical Facility: _____ Phone: _____

Describe incident (list briefly what bite victim had been doing just previously to bite or other exposure and how exposure took place): _____

ANIMAL IDENTIFICATION:

Species/Type of Animal: _____ Sex: _____ Age: _____ Name (if any): _____

Description/Markings: _____

Current Rabies Vaccination: Yes () No () Date of last vaccination: _____ Spayed/neutered?: Yes () No ()

Veterinarian (or Veterinary Clinic): _____ City/State: _____

Is animal of local origin?: Yes () No () If no, place of origin: _____

Has animal been out of state in the past 6 months?: No () Yes () If yes, where?: _____

Animal was: Placed under quarantine () By whom and where (give details; include phone number) _____

Is/was animal ill? No () Yes () If yes, give details: _____

Animal's clinical symptoms during week previous to exposure compared to animal's normal behavior:

Vicious: Yes () No () Irritable: Yes () No () Paralysis of muscles: Yes () No ()

Difficulty swallowing drooping of lower jaw, and slobbering: Yes () No () Unusually quiet: Yes () No ()

Were other animals exposed to saliva?: Yes () No () Unknown ()

*******FOR BOARD USE ONLY*******

If yes: Animal Control notified? Yes () No () Date: _____ Additional Notes/details: _____

Rabies specimen? Yes () No () If yes, results? _____