



## ANIMAL BITE REPORT

### RABIES CONTROL INVESTIGATION

1. Case Number:

Date of Report: \_\_\_\_\_

2. Name (Last, First): _____		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Date of Birth: _____	5. Telephone: _____
6. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)					
7. Name of Parent/Guardian (if victim is a minor): _____			8. Address (if different than above): _____		
9. Source of Information (Person or Office): _____				Telephone: _____	
10. Place of Attack: _____			11a. Time and Date of Attack: _____ 11b. Location & Description of Bite: _____		
12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Unknown <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Other _____					
13. Animal Owner (Custodian): _____				Telephone: _____	
14. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)					
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Estimated Age: _____ <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Unaltered <input type="checkbox"/> Wild <input type="checkbox"/> Unknown					
16. Description (Breed, Color, Etc.): _____		17. License Number: _____		Date: _____ From: _____	
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown			19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____				Vaccination Date: _____ Rabies Tag No.: _____ <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine	
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined			From Date: _____ To Date: _____		
22. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____					
24. Quarantine Released: _____			Date: _____ By: _____		
25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal			26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
27. Remarks: _____					
28. Head Sent to Lab: _____		Date: _____ By: _____		Telephone: _____	
29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY					
30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail			Date: _____ By: _____		
31. <input type="checkbox"/> Case Closed		Date: _____		By: _____	
32. Person Completing Form: _____				Telephone: _____	