



ANIMAL BITE REPORTING FORM

WITHIN 24 HOURS FAX FORM TO 269-969-6488
If you have questions, please call 269-969-6383

PERSON EXPOSED (PLEASE PRINT)

Name: _____ / /
First Middle Last Date of Birth

MALE / FEMALE (circle) Parent/Guardian's name if person is a minor: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Race: _____
Home

Ethnicity
 Hispanic/Latino Arab Unknown
 Non-Hispanic/Latino Non-Arab

PERSON'S MEDICAL INFORMATION:

Part of Body Injured: _____ Date of injury: _____

Address where bite occurred: _____

Was medical treatment obtained: YES / NO (circle) If yes, where? _____

Date of last tetanus vaccine: _____

Was Rabies Post-Exposure Prophylaxis explained/recommended? YES / NO Date: _____

ANIMAL INFORMATION

Animal Species: Dog Cat Other: _____ Color/description: _____

Sex (circle): MALE / FEMALE / UNKNOWN Neutered: YES / NO / UNKNOWN Breed: _____

Is this an indoor-only animal? YES / NO Rabies vaccination? Vaccinated - current Unknown
 Vaccinated - not current Unvaccinated

Owner of animal (if known): _____
Name, Address, Phone

**PLEASE INFORM THE EXPOSED PERSON THAT A HEALTH DEPARTMENT NURSE
WILL BE FOLLOWING UP WITH A PHONE CALL**

Report Submitted By:

Name & Title: _____

Phone: _____

Agency: _____

Date: _____