



West Central Health District Environmental Health

Animal Bite Information

*** Fax completed form to the county health department. ***

Bite County: _____ Incident Number: _____
 Received By: _____ Primary Investigator: _____
 Report Date: _____ Report Time: _____
 Reported By: _____ Contact Phone #: _____
 Address: _____ Incident Date: _____
 _____ Incident Time: _____
 Notes: _____

Human Record

Name: _____
 Date of Birth: _____ Race: _____
 Gender: _____ Ethnicity: Hispanic Non-Hispanic Unknown Minor: Yes No
 Address: _____ Home County: _____
 _____ Home Phone: _____
 _____ Cell Phone: _____
 E-Mail: _____ Fax: _____
 Exposure Type: Bite-Deep Bite-Superficial Scratch Non-Bite Exp. Unknown
 Location: Arm Foot Head Leg Neck Non-Exp. Trunk Unknown Other
 Prophylaxis/Treatment Details:
 Prophylaxis Recommended: Yes No Pt. Refused Referred to Physician Only Referred to GAPCC Only
 Lost to Followup
 Recommended or Referred By: _____ Contact Phone: _____
 Immune Globulin Given: _____ / _____ / _____ Treating Facility: _____
 Vaccine: 1st _____ / _____ / _____ Facility: _____ 4th _____ / _____ / _____ Facility: _____
 2nd _____ / _____ / _____ Facility: _____ 5th _____ / _____ / _____ Facility: _____
 3rd _____ / _____ / _____ Facility: _____
 Was pt. Hospitalized? Yes No Unknown Antibiotics? Yes No Unknown
 Did pt. Receive tetanus booster? Yes No Unknown Surgery? Yes No Unknown
 Sutures Required? Yes No Unknown
 Where was Pt treated: ER Primary Care Urgent Care Other Fac. Name: _____

Animal Record

Animal Type: _____ Breed/Species: _____
 Color/Description: _____ Animal Name: _____
 Other Description: _____ Classification: Pet/Livestock Stray
 Microchip ID: _____ Unknown Wild/Feral
 Vac. Status: Current Expired None Unkn Vaccination Date: _____
 Vac. Vet Contact: _____ Phone: _____ Rabies Tag # _____
 Owner's Name: _____ Phone: _____
 Address: _____ City: _____ State: _____
 _____ Zip: _____ County: _____