



## 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. Age:	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:		11. Time and Date of Attack:	
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    Estimated Age: <input type="checkbox"/> Stray <input type="checkbox"/> Female <input type="checkbox"/> Wild			
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			
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: