

**ANIMAL to ANIMAL BITE/EXPOSURE REPORT FORM**

F/U Completed: \_\_\_\_\_  
Nurse: \_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

**Incident Data:**

Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_ AM/PM Address of Incident \_\_\_\_\_  
Reported by: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Report Received By: \_\_\_\_\_  
Provoked Bite?  Y  N  Unknown Additional Comments: \_\_\_\_\_

**Species of animals involved:**

**Animal #1:**

DOG  CAT  OTHER: \_\_\_\_\_ Is this animal a pet?  Y  N  Unknown  
Is this a wild animal?  Y  N  Unknown Species: \_\_\_\_\_  
Name: \_\_\_\_\_  
Is animal alive?  Y  N Is animal current on rabies vaccination?  Y  N  Unknown  
Name of Animal's Veterinarian: \_\_\_\_\_

**Owner Data: Animal #1**

\*\*Owner defined as the person that has provided harborage, food, or water to animal in past 30 days.

Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

**Animal #2:**

DOG  CAT  OTHER: \_\_\_\_\_ Is this animal a pet?  Y  N  Unknown  
Is this a wild animal?  Y  N  Unknown Species: \_\_\_\_\_  
Name: \_\_\_\_\_  
Is animal alive?  Y  N Is animal current on rabies vaccination?  Y  N  Unknown  
Name of Animal's Veterinarian: \_\_\_\_\_

**Owner Data: Animal #2**

\*\*Owner defined as the person that has provided harborage, food, or water to animal in past 30 days.

Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Were there any other animals or people bitten?  Y  N (If yes, complete additional forms as needed)

Public Health Chart Opened?  Y  N PHN Assigned: \_\_\_\_\_

**Report to law enforcement:**  Yes Name of Law Enforcement Agency: \_\_\_\_\_  
Who Reported: \_\_\_\_\_

Note: County protocol requires that all animal bites must be reported to law enforcement authorities. If this has not been done, Health Department personnel should call law enforcement in area of owner's address and report. If owner is unknown, call law enforcement in area of address of person bitten. If unsure who the law enforcement agency is, phone the sheriff's department non-emergency # at 920-459-3111.

**\*Disposition of the animal:**

Quarantined for 10 days after bite  Euthanized and sent to WSLH by: \_\_\_\_\_  
Veterinarian/Human Society  
 State law requires quarantine of  Public Health approval for payment by LHD  
pets/livestock. See ss 95.21 for more information. for processing/shipping of wild/stray animal  
Approved by \_\_\_\_\_  
 Rabies Algorithm attached  Test Results: \_\_\_\_\_ Victim Notified: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_