

ANIMAL to HUMAN BITE/EXPOSURE REPORT FORM



F/U Completed: _____
Nurse: _____

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 (circumstances leading up to bite): _____

Owner Data:

Unknown Wildlife Stray Pet

Name: _____ Day Phone #: _____

Address: _____

** Owner defined as the person that has provided harborage, food, or water to the animal within the last 30 days.

Species:

DOG CAT OTHER: _____ Breed: _____

Name: _____ Is animal alive? Y N

Animal's Veterinarian: _____ Is animal current on rabies vaccination? Y N Unknown

Person Bitten Data:

Owner Bitten? Y N

Name: _____ DOB: _____ Day Phone #: _____

Parent/Guardian: _____

Street Address: _____

Part of body bitten: _____

Medical Follow-Up: Yes No Tetanus Antibiotics Post-Exposure Rabies Treatment

Treating Physician/Clinic: _____ Tel #: _____

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 sheriffs 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 pets/livestock. See ss 95.21 for more information. Public Health approval for payment by LHD for processing/shipping of wild/stray animal
Approved by _____

Rabies Algorithm attached Test Results: _____ Victim Notified: _____

Person completing form: _____ Date: _____