

**ANIMAL BITE INTAKE REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| County: | | | |
| Victim’s Name (Person Injured) | | | |
| Address | City | State | Zip Code |
| Home Phone Number | Work Phone Number | Cell Phone Number | |
| Sex  Male Female | Age | | |
| Parent/Guardian (if victim is under 18) | Parent/Guardian address if different: | | |
| Date of Injury | Location of Injury on body | | |
| Location/Address of Incident:  On the Animal Owner’s Property Off the Animal Owner’s Property | | | |

**Animal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Type  Dog Cat Bat Raccoon Other | | | |
| Animal Color/Markings | Breed | | Animal’s Name |
| Location of Animal Now | | | Stray Animal  Yes No |
| Current Immunizations | | If Yes, date of immunizations or Rabies Tag Number | |
| Veterinarian (if known) | | | |

**Owner or Location of Animal**

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s Name | | | |
| Address | City | State | Zip Code |
| Home Phone Number | Work Phone Number | Cell Phone Number | |

**TO BE COMPLETED BY THE TREATING FACILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name: | | Physician Name: | | |
| Address | City | | State | Zip Code |
| Phone Number | Rabies Post Exposure Treatment Started?  Yes No | | | |

**Fax to appropriate County – Original to HIM to scan to chart– File Copy for unit records**