

**ANIMAL BITE INTAKE REPORT**

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| 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**

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| --- |
| 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**