

# Cedar County Animal Bite Report Form

<p><b><u>Victim / Bite Information</u></b></p> <p>Victim _____</p> <p style="padding-left: 40px;">Age ____ <input type="checkbox"/> F <input type="checkbox"/> M</p> <p>Parents (if minor) _____</p> <p>Address _____</p> <p>_____</p> <p>Phone: Home (____) _____ - _____ Work (____) _____ - _____</p> <p>Type of Injury (e.g., bite, scratch) and Body Location _____</p> <p>Treatment Received _____</p>	<p>Case #: _____</p> <p>Report Date: _____</p> <p>Name of Reporter: _____</p> <p>Physician, Hospital, Police, or Sherrif Department _____</p> <p>_____</p> <p>Phone: (____) _____ - _____</p>
--	---

Date of Bite: \_\_\_\_\_ Time of Bite: \_\_\_\_: \_\_\_\_  AM  PM

Address where Bite Took Place \_\_\_\_\_

Circumstance of Bite: \_\_\_\_\_

\_\_\_\_\_

Check the animal status at the time of bite -  loose  in a house  on a leash

<p><b><u>Animal/Owner Information</u></b></p> <p>Owner's Name: _____</p> <p>Owners' Phone: Home (____) _____ - _____</p> <p>Work or cell phone (____) _____ - _____</p> <p>Address _____</p> <p>_____</p> <p>Where is Animal located now? _____</p> <p>_____</p>	<p>Animal Name _____</p> <p>Animal Microchip # _____</p> <p>Is the Animal Vaccinated for Rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Rabies Vaccine Expires _____</p> <p>Is Rabies Vaccine Current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other Animal ID _____</p> <p>Veterinarian/Clinic: _____</p> <p>Veterinarian Phone: _____</p>
--	---

<p>Type of Animal <input type="checkbox"/> Dog</p> <p style="padding-left: 40px;"><input type="checkbox"/> Cat</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other</p> <p>Description of Animal: _____</p> <p>_____</p> <p>Photo attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Animal Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>For Investigator to Complete:</u></b></p> <p>Is the Animal a Rabies Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Initials</th> </tr> </thead> <tbody> <tr> <td>___/___/___</td> <td>_____ Assess location of animal</td> </tr> <tr> <td>___/___/___</td> <td>_____ Instruct owner about terms of confinement</td> </tr> <tr> <td>___/___/___</td> <td>_____ Check on condition of animal after 10 day confinement</td> </tr> </tbody> </table>	Date	Initials	___/___/___	_____ Assess location of animal	___/___/___	_____ Instruct owner about terms of confinement	___/___/___	_____ Check on condition of animal after 10 day confinement
Date	Initials								
___/___/___	_____ Assess location of animal								
___/___/___	_____ Instruct owner about terms of confinement								
___/___/___	_____ Check on condition of animal after 10 day confinement								

<p><b><u>For Investigator to Complete:</u></b></p> <p>___/___/___ _____ Inform victim of rabies risk</p> <p>___/___/___ _____ Contact victim after 72 hours, the end of 10 day confinement, or confirmation of animal test results</p> <p>___/___/___ _____ Contact reporting physician or hospital with confirmation of test results</p>
---

