



**Harrison County General Health District  
Animal Bite Investigation Report**

Date of Call / Notification: \_\_\_\_\_

Name of Original Caller: \_\_\_\_\_ Contact Phone# for Caller: \_\_\_\_\_

Caller Associated with:  Physician/physician’s office  Animal Control/Law Enforcement  Veterinarian/vet clinic  
 Private Citizen  Sanitarian/Co. Health Dept.  Other: \_\_\_\_\_

**Victim Information**

Name of Bite Victim: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Parent or Guardian: (if < 18 years old) \_\_\_\_\_

Address of Victim: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the relationship of the bite victim, if any, to the animal’s owner?

- Relative - Lives at same address?  YES  NO
- Friend / Roommate - Lives at same address?  YES  NO
- Neighbor  Work Associate  No Association  None Listed / Other \_\_\_\_\_

Name of Health Care Professional Who Examined and Initially Treated Bite Wound(s):

\_\_\_\_\_  
(First) (Last) (Degree or Title)

Hosp. / Clinic Address: \_\_\_\_\_

Hosp. / Clinic Office Phone: \_\_\_\_\_

Has health care provider already made recommendations for rabies postexposure prophylaxis (PEP)?  YES  NO

**Bite Details**

Date Bite Occurred: \_\_\_\_\_ Approx. Time: \_\_\_\_\_  AM  PM

Place / Address Where Bite Occurred: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Description of Bite Wound (# of bites, location on body, severity...): \_\_\_\_\_

Situation That Resulted in Bite:  Provoked  Unprovoked  Unable to determine

Briefly describe circumstances leading to bite: \_\_\_\_\_

List any witnesses to the bite: \_\_\_\_\_

**Animal Information**

Biting animal was:  **A single**, identifiable dog, cat, or ferret  **One of a pack** or litter, not individually identifiable

Species:  Dog  Cat  Ferret Breed / Color / Other description: \_\_\_\_\_

Gender:  Male  Female  Unk Approx. age of animal, if known: \_\_\_\_\_ Neutered:  Yes  No

Does animal have a known owner or keeper?  YES  NO

If yes, Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Rabies Immunization Status:  Currently vaccinated  Not vaccinated  Vaccination status unknown

Date of last rabies vaccination: \_\_\_\_\_ Type of Vaccine Used:  1 year  3 year

Veterinarian: \_\_\_\_\_ Ph: \_\_\_\_\_

Next most recent rabies vaccination (if given): \_\_\_\_\_ Type of Vaccine Used:  1 year  3 year

What was animal's behavior at the time of the bite?  Normal  Abnormal  Unknown

If abnormal, describe: \_\_\_\_\_

Where is animal now? \_\_\_\_\_

### Case Disposition & Recommendations

10 Day Rabies Observation Period at Veterinary Clinic or Approved Facility

Quarantine Order Required?  YES  NO

Supervising Veterinarian: \_\_\_\_\_ Ph: \_\_\_\_\_

Scheduled Release Date: \_\_\_\_\_

Status Upon Release: \_\_\_\_\_

10 Day Home Quarantine Permissible

Description of Confinement Used: \_\_\_\_\_

Scheduled Release Date: \_\_\_\_\_

Verification of healthy status upon release by: \_\_\_\_\_

Animal Euthanized / Submitted for Rabies Testing

Result of FA Test: \_\_\_\_\_

Animal Not Available for Observation or Testing

Rabies PEP received by bite victim?  YES  NO

Consulting or Treating Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

Other Outcome / Recommendations: \_\_\_\_\_

### HCGHD Investigator

Case Investigated By (print name): \_\_\_\_\_

Other comments or notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date Report Completed: \_\_\_\_\_