ANIMAL BITE REPORT (page 1 of 2)
(to be filed with municipality records)

Date: ______________       Case #: ______________

Town in which report is to be filed: ________________________________

VICTIM IDENTIFICATION (If human contact)

Name: ___________________________________________   DOB: _______________   M [   ] F [   ]
Address: ___________________________________________   Telephone (H) ___________ (W) ___________
If minor, parent/guardian: ________________________________   Relationship: ______________
Address, if different: ________________________________   Telephone (H) ___________ (W) ___________

Did victim have rabies prevention immunizations prior to this incident?  Yes [   ] No [   ] Unknown [   ]

DOMESTIC ANIMAL IDENTIFICATION (IF ANIMAL CONTACT)

Type of Animal: ___________________________________   Owned [   ] Stray [   ] Wild [   ]
Description: ________________________________________   M [   ] F [   ] Age: ______________
If owned – owner/keeper: ____________________________   Telephone (H) ___________ (W) ___________
Address: __________________________________________

Date of most recent rabies vaccination: ________   Veterinarian: ______________   Telephone: ___________
License #: ______________   State: ______   Clinic: ___________   Tag # ___________   Exp. _______
(Rabies)   (Date)

SUSPECT ANIMAL

Type of Animal: _____________________   Owned (If Applicable) [   ] Stray [   ] Wild [   ]
Description: _________________________________   M [   ] F [   ] Age (If known): ______________
If owned – owner/keeper: ____________________________   Telephone: _______________________
Address: __________________________________________

Date of most recent rabies vaccination: ________   Veterinarian: ______________   Telephone: ___________
License #: ______________   State: ______   Clinic: ___________   Tag # ___________   Exp. _______
(Rabies)   (Date)
ANIMAL BITE REPORT (page 2 of 2)

DESCRIPTION OF INCIDENT

Date reported: _______________ Reported by: ________________________________

Date of Incident: ______________ Type of contact: Bite [ ] Scratch [ ] Other (specify): ____________

Body part(s) bitten/scratched: __________________________ Medical care required? Yes [ ] No [ ]

Hospital: ___________________________ Doctor: ________________________________

Was rabies post-exposure prophylaxis given to victim? Yes [ ] No [ ] Unknown [ ]

Date that post-exposure prophylaxis was initiated: ________________

Where did incident take place? ____________________________ Provoked? Yes [ ] No [ ]

Description of incident: ___________________________________________________________________________

DISPOSITION OF VICTIM ANIMAL

In owner’s possession: [ ] Euthanized and sent to HETL for testing: [ ] Unknown (not captured): [ ]

Veterinary Hospital: [ ] Animal Shelter: [ ] Boarding Kennel: [ ] Other (specify): ________________

Name of facility & location: __________________________________________________________________________

Telephone: _______________ Date of quarantine: ___________ Date of release: _________________

Veterinary exam? Yes [ ] No [ ]

DISPOSITION OF SUSPECT ANIMAL

In owners possession: [ ] Euthanized and sent to HETL for testing: [ ] Unknown: [ ] Not captured: [ ]

Veterinary hospital: [ ] Animal shelter: [ ] Boarding kennel: [ ] Other (specify): ________________

Name of facility & location: __________________________________________________________________________

Date of quarantine: ______________ Date of release: ______ Veterinary exam? Yes [ ] No [ ]

INVESTIGATING OFFICER

Name (print): ___________________________ Signature: ___________________________

Title: ___________________________ Employer: ___________________________

Address: __________________________________________________________________________

Enforcement: Rabies Advisory Notice [ ] Quarantine Notice [ ] Civil/Criminal Summons [ ]

Other: __________________________________________________________________________

Has animal been ill, acted strangely, or bitten anyone recently? Yes [ ] No [ ]

If yes, explain: __________________________________________________________________________