ANIMAL BITE REPORT (page 1 of 3)
(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 3)

DESCRIPTION OF INCIDENT

Date reported: _______________ Reported by: _______________

Date of incident: _______________ Type of contact: Scratch ___ Bite Level ___ (Use the Dog Bite Scale)

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 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: ____________________________

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: __________________________
An assessment of the severity of biting problems based on an objective evaluation of wound pathology.

**Level 1.** Obnoxious or aggressive behavior but no skin-contact by teeth.

**Level 2.** Skin-contact by teeth but no skin-puncture. However, may be skin nicks (less than one tenth of an inch deep) and slight bleeding caused by forward or lateral movement of teeth against skin, but no vertical punctures.

**Level 3.** One to four punctures from a single bite with no puncture deeper than half the length of the dog’s canine teeth. Maybe lacerations in a single direction, caused by victim pulling hand away, owner pulling dog away, or gravity (little dog jumps, bites and drops to floor).

**Level 4.** One to four punctures from a single bite with at least one puncture deeper than half the length of the dog’s canine teeth. May also have deep bruising around the wound (dog held on for N seconds and bore down) or lacerations in both directions (dog held on and shook its head from side to side).

**Level 5.** Multiple-bite incident with at least two Level 4 bites or multiple-attack incident with at least one Level 4 bite in each.

**Level 6.** Victim dead.

The above list concerns unpleasant behavior and so, to add perspective:

Levels 1 and 2 comprise well over 99% of dog incidents. The dog is certainly not dangerous and more likely to be fearful, rambunctious, or out of control.

Level 3: Prognosis is fair to good, provided that you have owner compliance. However, treatment is both time-consuming and not without danger.

Levels 4: The dog has insufficient bite inhibition and is very dangerous. Prognosis is poor because of the difficulty and danger of trying to teach bite inhibition to an adult hard-biting dog and because absolute owner-compliance is rare

Level 5 and 6: The dog is extremely dangerous and mutilates. The dog is simply not safe around people.

More information about this scale is available at [www.APDT.com](http://www.APDT.com)

This scale is used with the permission of Dr. Ian Dunbar and is to be used in the evaluation of the bite wounds only and should not be used to solely evaluate an animal’s behavior. Any behavior analysts should be done under the supervision of trained and certified animal behaviorists or professional dog trainers.