### 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 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:______________________________________________________________________