ANIMAL BITE REPORT
RABIES CONTROL INVESTIGATION

DOH USE ONLY
Date Received: _____
Case Number: _____
Day 10: _____

1. Name of Person Bitten (Last, First)	2. ☐Male ☐Female	3. Date of Birth	4. Telephone
5. Address of Person Bitten	City	State	Zip Code
6. Guardian	7. Part of body that was ☐bitten ☐scratched ☐exposed ☐contact		
8. Place of Attack		9. Date of Attack	
10. Circumstances of Attack: ☐ Unknown ☐ Playful ☐ Provoked ☐ Injured ☐ Other _____			
11. Doctor seen? ☐ Yes ☐ No Antibiotics Given: ☐ Yes ☐No	Tetanus given? ☐ Yes ☐ No Date of Last Tetanus:		
12. Type of Animal ☐ Cat ☐ Dog ☐ Wild ☐ Other _____	☐ Female ☐ Male	☐ Owned ☐ Stray ☐ Unknown	☐ Spayed ☐ Neutered ☐ Unknown
13. Animal Owner if known	14. Name of Animal, Breed, Color; Age of Animal		
15. Animal Owner's Address	City	State	Zip Code Telephone

BELOW FOR HEALTH DEPARTMENT/ANIMAL SERVICES USE ONLY

16. ☐ Vaccinated ☐ Unvaccinated ☐ Unknown	Vet:	Rabies Tag No.	Vaccination Date ☐ 1 YR ☐ 3 YR
17. Has Quarantine Agreement been signed? ☐ Yes ☐ No ☐ Unable to Locate Animal Location of Quarantine		From Date	To Date
18. Animal survived quarantine? ☐ Yes ☐ No Victim notified by:		Victim notified by: ☐ Person ☐ Phone ☐ Mail Date:	
19. Cause of Death: ☐ Illness ☐ Injury ☐ Euthanasia		Date:	
20. Veterinarian ☐ Did ☐ Did Not See Animal		21. Head examination is: ☐ Requested ☐ Not Warranted	
22. Head Sent to Lab on: Victim notified by:		Results: ☐ POSITIVE ☐ NEGATIVE ☐ UNSATISFACTORY Date:	
23. ☐ PEP Recommended ☐ Accepted ☐ Refused ☐ Unable to make contact, certified letter mailed:			
24. Remarks:			
25. Case Closed by:		Date:	

5/2018

FAX to Environmental Health: 352-688-5015
FAX to Animal Services: 352-796-3746