

# Berrien County Animal Bite Report Form

**Fax to Berrien County Health Department at 269-927-5697 Attn: Public Health Investigation**

**\*\*ANIMAL BITES ARE REQUIRED TO BE REPORTED TO THE LOCAL HEALTH DEPARTMENT WITHIN 24 HOURS\*\***

Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 ER     Walk-in     Veterinarian     PCP                      contact number: \_\_\_\_\_

***If Rabies is suspected, please call Public Health Investigation at 269-927-5626.***

**INFORMATION ON PERSON BITTEN OR EXPOSED TO POSSIBLE RABIES**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female: \_\_\_\_\_ Male: \_\_\_\_\_  
 Alternative Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CIRCUMSTANCES**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     Dog     Cat     Other \_\_\_\_\_  
 Time: \_\_\_\_\_ AM PM    Describe circumstances:  
 Provoked  
 Unprovoked

**ABOUT THE ANIMAL**

<b>Ownership</b> <input type="checkbox"/> Victim's household pet <input type="checkbox"/> Acquaintance's pet <input type="checkbox"/> Stranger's pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild	Description of Animal (age, sex, relevant history, breed (if known)) _____ _____ _____ _____ Owner: _____ Phone: _____ Address: _____ City _____ State _____	<b>Animal's Rabies Immunization HX</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Vaccinated; current <input type="checkbox"/> Vaccinated; not current <input type="checkbox"/> Last shot given: ____/____/____
	<b>**MUST BE COMPLETED BY MEDICAL PROVIDER**</b>	

Provider name and location: _____ Describe injury and treatment: _____ _____ _____ _____	<input type="checkbox"/> Tetanus status checked <input type="checkbox"/> Tetanus administered <input type="checkbox"/> Wound cleaned <input type="checkbox"/> Disinfectant applied <input type="checkbox"/> Antibiotic prophylaxis prescribed <input type="checkbox"/> PEP initiated Y / N
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**\*\*RABIES POST EXPOSURE PROPHYLAXIS:**     Recommended     Not Recommended

**For Public Health / Animal Control Use**

**DISPOSITION OF ANIMAL AND RECOMMENDATIONS**

<b>Plan for Animal</b> <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Hold for 10-day observ. <input type="checkbox"/> Discard/release (no risk) <input type="checkbox"/> Send head to lab (batch) <input type="checkbox"/> Send head to lab (express) <input type="checkbox"/> Refer to Vet Diagnostics	<b>Additional Information (transportation details, etc.)</b> _____ _____ _____ _____ <b>Faxed to Animal Control: Date: _____ Initials: _____</b>	<b>Test Results</b> <input type="checkbox"/> Not tested <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Positive
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Public Health Investigator: \_\_\_\_\_ Date: \_\_\_\_\_