

WASHINGTON COUNTY ANIMAL to HUMAN BITE REPORT FORM (March 2011)

*****Fax completed form to the Washington County Sheriff's Department at 262-335-6849*****

*****Notify the Sheriff's Dispatcher by phone at 262-335-4411 after faxing the form*****

Washington county code 14.13(11) states animal bites shall be immediately reported to the Sheriff's Department.

Law enforcement in the jurisdiction where the bite occurred will be notified to conduct follow up.

Incident Data: (Location where the bite occurred is required)

Date of bite: _____ Time of Bite: _____ AM/PM Was the bite provoked? Yes No Unknown

Street Address where bite occurred: _____

City/State/Zip: _____ Municipality (City, Town, Village): _____

Additional Comments (circumstances leading up to the bite) _____

Person Bitten Data: Was the owner bitten? Yes No

Name: _____ DOB: _____ Parent/Guardian: _____

Home Phone #: _____ Work/Cell Phone #: _____

Street Address: _____

City/State/Zip: _____ Municipality (city, town, village): _____

Part of the body bitten: _____ Date seen by physician: _____

Treating physician Name: _____ Telephone #: _____

Clinic Name & Address _____

Primary Care Physician Name: _____ Telephone #: _____

Clinic Name & Address _____

Animal Data: Is the animal available for rabies testing? Yes No Was the animal submitted for rabies testing? Yes No

Dog Cat Bat Other: _____ Breed/Color/Markings: _____

Gender: Male Female Age: _____ Weight: _____ Name: _____

Is the animal current on rabies vaccination? Yes No Unknown Date of last rabies vaccination: _____

Name of Animal's Veterinarian: _____ Phone #: _____

Animal Owner Data: Owner was bitten (see above data) Unknown (stray animal) Wildlife

Name: _____ DOB: _____

Home Phone #: _____ Work/Cell Phone #: _____

Street Address: _____

City/State/Zip: _____ Municipality: _____

Reporter Data:

Bite Reported by: _____ Phone #: _____

Date Bite Reported to Sheriff's Department: _____

If reported to another law enforcement agency, Name & Phone: _____

Person Completing this form: _____ Date: _____

Washington County Sheriff's Department will complete:

Report Received by: _____ Date: _____

Referred to: _____ Date: _____

Disposition of the animal: Quarantined for 10 days after bite Euthanized & sent to WSLH NA-Animal species does not carry rabies

If the animal is sent for rabies testing, please fax this completed form to the Washington County Health Department at 262-335-4705