

**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 owners 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: \_\_\_\_\_