



Charlie Crist
Governor

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State Surgeon General

ANIMAL BITE REPORT

Florida Administrative Code (FAC) 64D-3.002(1)(a), Communicable Diseases, requires that any animal bite to a human by a potentially rabid animal or nonhuman primate, be reported to the local county health department within 72 hours of recognition. To facilitate this process, the required information on this form may be faxed to the **MANATEE COUNTY HEALTH DEPARTMENT** at **941-750-9364**.

PATIENT INFORMATION

Date of Bite/Exposure: _____ Patient Date of Birth: _____
Name of Patient: _____ Weight: _____ lbs.
Address: _____ Race: _____ Sex: ☐ M ☐ F
City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____
Parent Name and Phone (if minor): _____
Type of Exposure: ☐ Bite ☐ Scratch ☐ Other: _____
Skin Broken? ☐ Yes ☐ No Drew Blood? ☐ Yes ☐ No
Location of Wound(s): _____
Location and Circumstances of Incident: _____

Treatment Provided?: ☐ Yes ☐ No If Yes, describe: _____
(Tetanus, Antibiotics, bandages, stitches, etc.)

ANIMAL INFORMATION

Location of Animal (if known): _____
Type of Animal: ☐ Dog ☐ Cat ☐ Other: _____
Description: Breed: _____ Color: _____ Sex: ☐ M ☐ F ☐ Unk
Manatee County License Tag: ☐ Yes ☐ No ☐ Unknown
If Yes, Tag # and Year: _____
Rabies Vaccination Current?: ☐ Yes ☐ No ☐ Unknown
If Yes, Date of Vaccination: _____ By: _____
Quarantined?: ☐ Yes ☐ No ☐ Unknown
If Yes, Where?: _____

ANIMAL OWNER INFORMATION

Name of Owner: _____ Phone: (H) _____ (W) _____
Owner Address: _____ City/St: _____ Zip: _____

REPORTED TO CHD BY: ☐ Animal Services ☐ Health Care Facility: _____
(EH OFFICE USE ONLY) ☐ CHD Epidemiology ☐ Other: _____
Taken By: _____ Log#: _____ PIN#: 41-66-_____

Manatee County Health Department
Environmental Health Services
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PHONE (941) 748-0747 • FAX (941) 750-9364