

ANIMAL to HUMAN BITE REPORT FORM

Incident Data:

Date of bite: _____ Time of Bite: _____ AM/PM Address of Incident: _____

Reported by: _____ Tel #: _____ Fax #: _____

Date Reported: _____ Report Received by: _____ Tel #: _____

Provoked Bite? Y N Unknown

Additional Comments (circumstances leading up to the bite) _____

Owner Data:

Unknown Wildlife

Name: _____ DOB: _____ Home Tel #: _____

Street Address: _____ Work Tel #: _____

Municipality: _____ Zip: _____

Species: DOG CAT OTHER: _____ Breed: _____

Sex: M F Age: _____ Weight: _____ Name: _____

Color Markings: _____ Is animal alive? Y N Is animal current on rabies vaccination? Y N Unknown

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

Person Bitten Data:

Owner Bitten? Y N

Name: _____ DOB: _____ Home Tel #: _____

Parent/Guardian: _____ Cell #: _____

Street Address: _____ Work Tel #: _____

Municipality: _____ Zip: _____

Part of body bitten: _____ *Post Exposure Treatment: Vaccine given () Antiserum () Neither ()

Primary Care Physician Name: _____ Tel #: _____

Clinic name & address: _____

Treating Physician Name: _____ Tel #: _____

Clinic name & address: _____

Reported to law enforcement? Yes No Name of Law Enforcement Agency _____ Phone: _____

Note: County code requires that all animal bites must be reported to law enforcement authorities. If this has not been done, Health Department personnel should call law enforcement in area of owner's address and report. If owner is unknown, call law enforcement in area of address of person bitten. If unsure who the law enforcement agency is, phone the sheriffs department non-emergency # at 920-459-3111.

***Disposition of the animal:**

Quarantined for 10 days after bite Euthanized and sent to WSLH by: _____
Veterinarian/Humane Society

NA – species does not carry rabies

***Advice to patient/guardian:**

Wash wound well with soap and warm water
 Capture or contain the animal if you can do so without further injury to yourself. You may need to depend on owner/law enforcement to capture animal.

See a doctor to address post bite treatment including:
 Tetanus
 Antibiotics
 Prophylaxis (rabies vaccine) if necessary

Person completing this form: _____ Date: _____ Time called: _____

If unsure about how to address, call WCHD Environmental Health Personnel or Jim Kazmierczak, DHFS Epidemiologist, 608-266-2154
Also see website <http://hanplus.wisc.edu/DISEASES/rabies/introduction.htm>