



ANIMAL BITE REPORT FORM

Informant Name: _____

Date: _____

Facility Name: _____

Facility Type: ER PCP Vet Animal Control Other

Exposed Person OR Exposed Pet		
Name:	DOB (mm/dd/yyyy):	Phone:
Address:	City:	Zip

Biting / Attacking Animal	
<input type="checkbox"/> Owner Known	Owners Name:
<input type="checkbox"/> Victim's/Family Pet	Owners Address:
<input type="checkbox"/> Stray Animal	City, State, Zip:
<input type="checkbox"/> Wild Animal	Owner's Phone:
Animal Description:	
Animal's Name:	Animal Control Notified: <input type="checkbox"/> No <input type="checkbox"/> Yes/Date,
Rabies Immunization Status: <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Vaccinated/Date,	
Exposure Details: <input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked	Date of Exposure (mm/dd/yyyy)

Medical Information	
Location of Bite:	Date of Last Tetanus:
Treatment:	
Animal Disposition:	
<input type="checkbox"/> Animal Lost to Follow-Up	
<input type="checkbox"/> Animal Quarantined	
Where: _____	Start Date: _____ End Date: _____
<input type="checkbox"/> Sent in to MDHHS BOL for Testing by:	
<input type="checkbox"/> BCAC <input type="checkbox"/> ECAC <input type="checkbox"/> BEDHD/Hastings <input type="checkbox"/> BEDHD/Charlotte <input type="checkbox"/> Other	
Rabies Testing & Post Exposure Recommendations	
Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Unable to be Tested	
Post Exposure Treatments: <input type="checkbox"/> Started <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	

Barry Residents
Fax to Sheriff's Department (269) 948-4831
& Fax to BEDHD (517) 541-2666

Eaton Residents
Fax to EC Animal Control (517) 543-5313
& Fax to BEDHD (517) 541-2666

Animals that do NOT transmit rabies: Chipmunks, Guinea Pigs, Mice, Shrews, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles, Gophers, Moles, Rats, and Prairie Dogs. **Woodchucks will be tested.**