



Allegany County Department of Health
7 Court Street, Belmont, NY 14813
800-797-0581 / 585-268-9250 / Fax: 585-268-9712

ANIMAL BITE REPORT

TO BE COMPLETED BY ATTENDING PHYSICIAN, EMERGENCY ROOM STAFF

Note: Handle all situations involving bats, skunks, raccoons, and foxes as emergencies. In all cases, the Health Department must be contacted BEFORE rabies post-exposure treatment can be initiated.

DATE: _____

PATIENT NAME: _____ AGE: _____

TELEPHONE: Home _____ Work _____ Cell _____

ADDRESS: _____

DATE BITTEN: _____ TOWNSHIP WHERE BITE OCCURRED: _____

Animal Species involved: _____ Was the animal a stray? Yes ___ No ___
(dog, cat, etc.)

IF MINOR, NAME OF PARENT/GUARDIAN: _____

SITE AND SEVERITY OF BITE: _____

TREATMENT GIVEN: _____

HOSPITAL: _____ PHYSICIAN: _____

TELEPHONE: _____ OFFICE ADDRESS: _____

IS ANTIRABIES PROPHYLAXIS BEING GIVEN? YES _____ NO _____

WHAT WERE THE CIRCUMSTANCES, WHICH LED UP TO THE BITE/EXPOSURE?

NAME OF PERSON, AGENCY/HOSPITAL REPORTING BITE:

_____ TELEPHONE: _____

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If patient was bitten or injured by a **dog, cat, or ferret** the following information is needed.

OWNER'S NAME _____ TOWNSHIP _____

STREET ADDRESS _____

TELEPHONE: Home _____ Work _____ Cell _____

NAME OF ANIMAL _____ HAS ANIMAL BITTEN BEFORE? _____

Vaccination Date _____ Place of Vaccination _____

DESCRIPTION OF DOG/CAT/FERRET (Breed/Sex) _____

Description of any abnormal behavior _____

IS DOG/CAT/FERRET CONFINED? YES _____ DATE _____

ADDRESS _____

NO _____ REASON NOT CONFINED _____

10 DAY CONFINEMENT

INITIAL DATE ANIMAL WAS CHECKED _____

CONDITION OF ANIMAL ON THAT DATE _____

10 DAY DATE ANIMAL WAS CHECKED _____

CONDITION OF ANIMAL ON THAT DATE _____

REMARKS _____

SIGNATURE _____ DATE _____

FOR WILD OR STRAY ANIMALS COMPLETE BELOW

KIND OF ANIMAL _____ WAS ANIMAL CAPTURED/KILLED? _____

SUBMITTED FOR RABIES TESTING? YES _____ WHEN _____ NO _____

BY WHOM? _____ TELEPHONE _____

DATE ANIMAL WAS SUBMITTED _____

RABID? YES _____ NO _____

REMARKS _____

SIGNATURE _____ DATE _____