



**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 is begun.

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: \_\_\_\_\_

## ANIMAL BITE REPORT

### TO BE COMPLETED BY ATTENDING PHYSICIAN, EMERGENCY ROOM STAFF

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 \_\_\_\_\_

SIGANTURE \_\_\_\_\_ 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 \_\_\_\_\_

SIGANTURE \_\_\_\_\_ DATE \_\_\_\_\_