

**NORTH CENTRAL PUBLIC HEALTH DISTRICT  
ANIMAL BITE REPORT FORM**

419 East 7<sup>th</sup> St, The Dalles, OR 97058  
Phone: 541-506-2600 Fax: 541-506-2601



**Public Health**  
Prevent. Promote. Protect.

**Person bitten will complete section 1-3.**

<b>1. Bitten Person (completed by person bitten and/or scratched by animal) <i>Please Print</i></b>					
Last Name	First Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	DOB ____/____/____	
Address		Apt #	City		State
Phone	Other Phone	If a minor, Name of Parent or Guardian		Parent/Guardian Phone	

<b>2. Exposure Information (completed by person bitten and/or scratched by animal)</b>		
Date of Exposure ____/____/____	Time: ____ AM ____ PM	Location (address)
Animal: <input type="checkbox"/> Wild <input type="checkbox"/> Domestic	<input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Cat <input type="checkbox"/> Raccoon <input type="checkbox"/> Unknown	<input type="checkbox"/> Ferret <input type="checkbox"/> Skunk <input type="checkbox"/> Other, specify _____
Description (Breed, Color, Sex)		
Circumstances surrounding incident (please describe): _____ _____		

<b>3. About the Animal (completed by person bitten and/or scratched by animal)</b>
About the Animal: <input type="checkbox"/> Victim's household pet <input type="checkbox"/> Acquaintance's pet <input type="checkbox"/> Stranger's Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown
Rabies Immunization History: <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Vaccinated <input type="checkbox"/> Last shot given ____/____/____

<b>Medical Provider will complete section 4-7.</b>
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<b>4. Medical Information</b>		
Seen by Medical Provider (MD)? <input type="checkbox"/> Yes, Date of visit ____/____/____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	Medical Record #	Provider (MD) Name
Facility		Phone
Name of Primary Care Provider (PCP)		Phone

<b>5. Treatment Information</b>
Description of injury/location on the body: _____ _____

<b>Initial Treatment Given</b> Date: ____/____/____ Time: ____ AM ____ PM  <input type="checkbox"/> Deep flushing and cleansing with soap and water <input type="checkbox"/> Tetanus prophylaxis (date given ____/____/____) <input type="checkbox"/> Assessment of immunocompetence & need for antibiotic use <input type="checkbox"/> Other ( <i>specify</i> ) _____	<b>Recommended Further Prophylactic Treatment</b> HRIG (Human Rabies Immune Globulin) <input type="checkbox"/> Yes, date given: ____/____/____ <input type="checkbox"/> No  HDCV (Human Diploid Cell Rabies Vaccine) <input type="checkbox"/> Yes, date given: ____/____/____ <input type="checkbox"/> No
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<b>6. Person Completing Form</b>
Name: _____ Phone: _____ Facility: _____ Date: _____

<b>7. COMPLETE REPORT &amp; FAX TO 541-506-2601. INCLUDE COPY OF ER DISCHARGE SUMMARY.</b>
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**FOR HEALTH DEPARTMENT USE ONLY**

**Name of Person Bitten:** \_\_\_\_\_

Race:  
 White     Black/African American     Native American/Alaska Native     Multiracial  
 Asian     Native Hawaiian/Pacific Islander     Other     Unknown

Ethnicity:  
 Hispanic     Non-Hispanic     Unknown

**Type of Exposure:**  
 Bite  
 Scratch  
 Saliva to mucous membrane  
 Other direct contact with animal (describe): \_\_\_\_\_  
 Indirect contact with pet/animal following the animal's exposure to another suspect rabid animal  
 Other \_\_\_\_\_  
 Unknown (specify): \_\_\_\_\_

**Bite Exposure:**  
 Provoked  
 Unprovoked  
 Playful  
 Sick/Hurt

**Rabies Risk Estimate:**  
 Minimal  
 Moderate  
 High Risk

**Test Results**  
 Not tested  
 Negative  
 Unsatisfactory  
 Positive

**Laboratory**  
 OSPHL (Hillsboro)  
 VDL (Corvallis)  
 CDC

**Routine Follow-Up**  
 Wound cleaned with soap and water  
 Disinfectant applied  
 Medical attention required  
 Tetanus immunization status checked  
 Victim cautioned about risk of infection  
 Antibiotic prophylaxis (not always indicated)

**Post-Exposure Rabies Prophylaxis**  
Recommended by HD?  Yes     No  
Given to victim?     Yes     No     Unknown

**Comments:**