WASHTENAW COUNTY HEALTH DEPARTMENT
ANIMAL BITE/EXPOSURE REPORT FORM
SECURE FAX: (734) 544-6706 PHONE: (734) 544-6700

Bite victim NAME ___________________________ Birth date: ___________ Sex: M F

Parent/legal guardian (if under 18 years) _________________________________

Home address_________________________ City ____________________ Zip ___________

Home phone (______) ____________________ Cell phone (______) ____________________

Bite/Exposure date______________ Time of day______________

Address where bite occurred____________________________________________________

Description of bite/exposure incident ____________________________________________________________________________

________________________________________________________________________________________

Provoked bite: Yes or No Occult exposure (Bat): Yes or No

Skin penetration: Yes or No Location on body: ________________________________

Treatment: Yes or No

Treatment type: Wound care Antibiotics Td booster RIG Rabies vaccine

Treatment date: ____________

Facility/MD Name: ___________________________ Phone: (______) ____________________

Animal Type: Dog Cat Ferret Raccoon Skunk Woodchuck Bat Other: __________

Domestic Pet: Yes or No

Feral/Wild: Yes or No

Current location of animal: Destroyed Escaped/released Confinement (home or vet office)

Owner’s Name

Owner’s address/city __________________________________________________________

Owner’s phone (______) ____________________ Alternate phone (______) ____________________

Rabies vaccination date(s): ____________________________ Current: Yes or No

Rabies Tag #: ____________

Veterinarian’s name: ___________________________ Phone: (______) ____________________

Bite reported to law enforcement: Yes or No Date reported: __________________________

Jurisdiction: ______________________________

Animal specimen sent for testing: Yes or No Date sent: __________________________

Information reported by: ___________________________ Phone: (______) ____________________

WCHD 04/18