



**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 \_\_\_\_\_

<b>Provoked bite:</b>	<b>Yes or No</b>	<b>Occult exposure (Bat):</b>	<b>Yes or No</b>
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: (\_\_\_\_\_) \_\_\_\_\_