

TANEY COUNTY HEALTH DEPARTMENT

ANIMAL BITE REPORT

15479 US HWY 160, FORSTYH, MO
417-546-4725 EXT. 306
417-546-4727 FAX



For the health and safety of the patient, please notify an animal control officer **within 24 hours** of a bite so a rabies investigation can be done.

VICTIM INFORMATION- TO BE COMPLETED BY PATIENT. PLEASE PRINT CLEARLY

Name:		Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	DOB:
Address:				
City:		State:		Zip:
Home/Cell Phone:		Work Phone:		
If Minor, Guardian Name:				
Location of Bite on Body: Head <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Torso <input type="checkbox"/>				
Previous Tetanus Vaccination: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>			Date Given:	

ANIMAL INFORMATION- TO BE COMPLETED BY VICTIM

Type of Animal:	Location of Animal:		
Physical Address Where Occurred:			Date Occurred:
Did Bite Occur While: Handling the Animal <input type="checkbox"/> Random Attack <input type="checkbox"/>		Time Occurred: am pm	County Where Occurred:
Is the animal up-to-date on vaccinations (specifically rabies): YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>		Current Veterinarian:	

PET OWNER CONTACT INFORMATION

Name:	Address:	Phone:
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TO BE COMPLETED BY PROVIDER

Provider Name:		Provider Phone Number:	
Was Prophylaxis Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Treatment Started:	
Date IG Given:	Dose Given:	ER Records Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Vaccine Given:	Location Given:	Authorities Contacted: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Tetanus Shot Provided: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>		Antibiotics Provided: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>	
Description of Wound(s):			
Form Completed By:		Phone:	

IMMEDIATELY FAX REPORT TO TANEY COUNTY HEALTH DEPARTMENT @ (417) 546-4727

Notes: