Animal Bite

CASE IDENTIFICATION—PERSON BITTEN

Name ___________________________________________ Phone(s) ____________________________
Address ____________________________ City __________________ Zip __________________

ALTERNATIVE CONTACT: □ Parent □ Spouse □ Household Member □ Friend ____________________________
Name ___________________________________________ Phone(s) ____________________________
Address ____________________________ City __________________ Zip __________________

SEX □ female □ male

DATE OF BIRTH ____/____/____ or, if unknown, AGE ______

BITE OR OTHER EXPOSURE
date ____/____/____ time ______ am pm □ provoked □ unprovoked

Describe location and nature of injuries

Describe circumstances

ABOUT THE ANIMAL

OWNERShip
□ victim’s household pet □ acquaintance’s pet □ stranger’s pet □ stray □ wild □ unknown □

RABIES IMMUNIZATIONHX
□ unknown □ unvaccinated □ vaccinated; current □ vaccinated; not current

Description of animal (age, sex, breed, relevant history)

RABIES IMMUNIZATIONHX
□ unknown □ unvaccinated □ vaccinated; current □ vaccinated; not current

Owner _______________________ Phone(s) ___________________
Address ______________________ ___________________

DISPOSITION OF ANIMAL AND RECOMMENDATIONS

PLAN FOR ANIMAL
□ lost to follow-up □ hold for 10-day observation □ discard/release (no risk)
□ send head to lab (batch) □ send head to lab (express) □ refer to Vet. Diagnostics
□ home “quarantine” □ shelter “quarantine” □

TEST RESULTS
□ not tested □ negative □ unsatisfactory □ positive

Description of animal (age, sex, breed, relevant history)

LABORATORY
□ OSPHL (Portland) □ VDL (Corvallis) □ CDC

Additional Information (transportation details, etc.)
### FIRST AID/MEDICAL FOLLOW-UP FOR VICTIM

<table>
<thead>
<tr>
<th>ROUTINE FOLLOW-UP</th>
<th>POST-EXPOSURE RABIES PROPHYLAXIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ wound cleaned with soap and water</td>
<td>Recommended by H.D.? yes □ no □ unknown</td>
</tr>
<tr>
<td>□ disinfectant applied</td>
<td>Given to victim? yes □ no □ unknown</td>
</tr>
<tr>
<td>□ medical attention required</td>
<td></td>
</tr>
<tr>
<td>□ tetanus immunization status checked</td>
<td></td>
</tr>
<tr>
<td>□ victim cautioned about risk of infection</td>
<td></td>
</tr>
<tr>
<td>□ antibiotic prophylaxis (NB: not always indicated)</td>
<td></td>
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</tbody>
</table>

**Comments**

**ADMINISTRATION**

Remember to copy patient’s name to the top of this page.

Date case report sent to OHS: ___/___/____

Completed by ___________________________ Date __________ Phone ___________ Investigation sent to OHS on ___/___/____