

Animal Bite

COUNTY

FOR STATE USE ONLY

initial report date ___/___/___

animal species _____

CASE IDENTIFICATION—PERSON BITTEN

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City County Zip

e-mail address _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

- Vet Citizen Physician
 Other _____

Name _____

Phone _____

Date ___/___/___ Time ___:___ am
(first report) pm

Victim's M.D. _____
(if different)

Phone _____

DEMOGRAPHICS

SEX female male

DATE OF BIRTH ___/___/___
m d y

or, if unknown, AGE _____

HISPANIC yes no unknown

RACE

- White American Indian
 Black Asian/Pacific Islander
 unknown refused to answer
 other _____

Worksites/school/daycare _____

Occupations/grade _____

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 IMMUNIZATION HX

- unknown
 unvaccinated
 vaccinated; current
 vaccinated; not current
last shot given ___/___/___
manufacturer _____

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

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

LABORATORY

- OSPHL (Portland)
 VDL (Corvallis)
 CDC

Additional Information (transportation details, etc.)



PATIENT'S NAME ▶

[Empty box for patient name]

FIRST AID/MEDICAL FOLLOW-UP FOR VICTIM

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 (NB: not always indicated)

POST-EXPOSURE RABIES PROPHYLAXIS

Recommended by Local Public Health Authority? yes no

Given to victim? yes no unknown

Comments

ADMINISTRATION

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

Date case report sent to OHA: ___/___/___

Completed by _____ Date _____ Phone _____ Investigation sent to OHA on ___/___/___