



ANIMAL BITE REPORT

RABIES CONTROL INVESTIGATION

1. Date of Report: _____

2. Case Number: _____

Victim

3. Name (Last, First):	4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. DOB:	6. Telephone
7. Address (No. & Street):		(City)	(State) (Zip)
8. Name of Parent/Guardian (if victim is a minor):		9. Address (if different than above):	
10. Source of Information:		Telephone:	
11. Place of Attack:		12. Date and Time of Incident:	
13. Describe circumstances of incident: _____			
<input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> K-9 (Police Dog)			
14. Location & Description of wounds:			
15. Lacerations Requiring Sutures: <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Multiple Bites: <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Type: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Contact/Exposure			

Bite Animal/Owner

18. Animal Owner (Custodian):		Telephone:	
19. Address of Animal Owner (Custodian):		(City)	(State) (Zip)
20. Type of Animal:		<input type="checkbox"/> Owned	<input type="checkbox"/> Male <input type="checkbox"/> Spayed/Neutered
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Raccoon <input type="checkbox"/> Bat <input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Stray	<input type="checkbox"/> Female <input type="checkbox"/> Unaltered
		<input type="checkbox"/> Wild	<input type="checkbox"/> Unknown
21. Description of Breed:	22. Color:	23. Age:	24. Name:
		25. SCAS AD Number:	
26. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown		27. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Vaccination Status:		Date Vaccinated:	Tag No: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year
<input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown		Veterinarian:	
29. Animal Location:		From (date):	To (date):
<input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined			
30. Quarantine Location: <input type="checkbox"/> Home <input type="checkbox"/> SCAS <input type="checkbox"/> Vet		31. If quarantined at home, has a Home Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify): _____	

End Results

32. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia		Date:		33. Quarantine Release	
				Date:	By: Per:
34. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal			35. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted		
36. <input type="checkbox"/> Head Sent to Lab		37. Lab Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unsatisfactory			
Date:	By:	Date:	By:		
38. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail			39. Remarks:		
Date: By:					
40. Results: <input type="checkbox"/> Case Closed <input type="checkbox"/> Transferred to SC-DOH <input type="checkbox"/> Transferred to Other Jurisdiction (Specify): _____					
Date: By:					
41. Person Completing Form:					