



ANIMAL BITE REPORT / RABIES CONTROL INVESTIGATION

Date Reported:	Initial report received by:	1a. HD Case Number:	1b. AC Case Number:
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2. Name (Last, First):	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Age: DOB:
5. Telephone:		Alternative Phone:

6. Address (No. & Street):	City	State	Zip
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7. Name of Parent/Guardian (if victim is minor):	8. Address (if different than above):	9. Source of Information (person/office): Phone:
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10. Place of Incident (street or yard @ address):	12. Describe circumstances of incident:	<input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> K-9 (Police Dog)
11. Date and Time of Incident:		

13. Owner Name (last, first):	Telephone:
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14. Address (No. and Street):	City:	State:	Zip:
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15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other:	<input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild	16. License Number/Agency:
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17. Animal's Name:	Predominant Breed:	Color/Markings:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Altered
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18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown	19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No
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20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unknown <input type="checkbox"/> Unvaccinated	Veterinarian:	Date Vaccinated:	Tag No:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year
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21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined/Quarantined	From (date):	To (date):
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22. Quarantine Location (address):	If quarantined at home, has a Home Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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23. If the animal died, cause of death? <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia	Date:
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24. Quarantine Released: <input type="checkbox"/> Animal is alive and looks/acts normal.	Date:	By:	Per:
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25. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal	26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not warranted
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27. Remarks:

28. <input type="checkbox"/> Head sent to lab. Date: By:	29. Lab Results (circle one): <div style="text-align: center;"> <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY </div> Lab contact reporting results: Date: Rec'd By:
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30. Victim Notified By: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail	Date: By:
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31. <input type="checkbox"/> Case Closed Date: By:	32. Person Completing Form: Phone:
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ANIMAL BITES MUST BE REPORTED TO THE FLORIDA DEPARTMENT OF HEALTH IN BAY COUNTY
Nights/Weekends/Holidays: (850) 872-4720 Ask for the on-call nurse for animal bites.

05/2013mlt **Monday to Friday 8am-5pm: (850) 872-4720, ext. 1125 Confidential Fax: (850) 747-5475**