Sex   Alternative Phone:		ANIMAL BITE REPORT / RABIES CONTROL INVESTIGATION						ION		
Alternative Phone:   Alternative Phone:		Date Reported:	Initia	report received	by:	1a. HD Case	Number:	1b. AC	Case Number:	
Address (No. & Street):   City   State   Zip	Elovida									
Alternative Phone:   Alternative Phone:	riorida	2. Name (Last, First):	:							
6. Address (No. & Street):  City  State  Zip  7. Name of Parent/Guardian (if victim is minor):  8. Address (if different than above):  9. Source of Information (person/office): Phone:  10. Place of Incident (street or yard @ address):  11. Date and Time of Incident:  11. Date and Time of Incident:  12. Describe circumstances of incident:  13. Owner Name (last, first):  14. Address (No. and Street):  15. Type of Animal:  16. Dog	HEALIH						DOD			
7. Name of Parent/Guardian (if victim is minor):    Address (if different than above):   Source of Information (person/office):   Phone:	Bay County	5. Telephone:		Alternative Phone:						
7. Name of Parent/Guardian (if victim is minor):    Address (if different than above):   Source of Information (person/office):   Phone:	C Address (No. 9 Ctrest)			C:t-			Ctata	7:		
10. Place of Incident (street or yard @ address):    12. Describe circumstances of incident:	6. Address (No. & Street):			Gity			Οιαι <del>ο</del> Σιμ			
10. Place of Incident (street or yard @ address):    12. Describe circumstances of incident:	7. Name of Parent/Guardian (if victim is minor): 8. Address (i			different than above):			9. Source of Information (person/office):			
Unprovoked   Playful   Sick/Hurt   Date and Time of Incident:   Date   Da							Phone:			
Unprovoked   Playful   Sick/Hurt   Unknown   Other   State	10 Place of Incident (stre	et or vard @ address):		12 Describe o	ircumstar	nces of incider	nt:		□ Provoked	
11. Date and Time of Incident:	12. Describe direction of funding								□ Unprovoked	
City:   State:   Zip:									☐ Sick/Hurt	
13. Owner Name (last, first):  Telephone:  14. Address (No. and Street):  City:  State:  Zip:  15. Type of Animal: Dog Cat Other: Stray Wild  17. Animal's Name: Predominant Breed: Color/Markings: Age: Sex: Male Female Altered  18. Behavior: Vaccination Status: Veterinarian: Date Vaccinated Unknown Unvaccinated Unknown Unvaccinated Unknown Unvaccinated Unknown Unvaccinated  19. Prior Bite History: Post Date Altered  19. Prior Bite History: Pres No  11. Year Altered  19. Prior Bite History: Pres No  11. Year Altered  19. Prior Bite History: Pres No  19. Pri	11. Date and Time of Incid									
14. Address (No. and Street):    City:   State:   Zip:	13 Owner Name (last fire			Telephone:			☐ K-9 (Police Dog)			
15. Type of Animal:	To: Owner Hamo (last, file	50).				releptione.				
Stray	14. Address (No. and Stre	C	City: State: Zip:				ip:			
Stray	15 Type of Animal:			□ Ourned	16 Lio	once Number	/A gonov:			
17. Animal's Name:		☐ Other:		□ Stray	TO. LIC	ense Number/	Agency.			
Altered   18. Behavior:   Normal     Abnormal     Unknown   19. Prior Bite History:   Yes   No     1 Year     3 Year     3 Year     4 Year     4 Year     21. Animal Location:   Unable to Locate Animal   Animal Confined/Quarantined     If quarantined at home, has a Home Quarantine Agreement been signed?     Yes   No   No     23. If the animal died, cause of death?   Illness   Injury     Euthanasia   Date:   Per:     Animal is alive and looks/acts normal.     26. Head examination is:   Requested   Not warranted   Not warranted     27. Remarks:     29. Lab Results (circle one):   POSITIVE   NEGATIVE   UNSATISFACTORY   Lab contact   Rec'd By:   Rec'd By:     Rec'd By:     Rec'd By:     Rec'd By:   Rec'd By:	17. Animal's Name:	Predominant	Breed:		Markings:			Age:		
20. Vaccinated										
□ Unvaccinated □ Unvaccinated □ Unvaccinated □ Unable to Locate Animal □ Animal Confined/Quarantined □ If quarantined at home, has a Home Quarantine Agreement been signed?  22. Quarantine Location (address): □ If quarantined at home, has a Home Quarantine Agreement been signed? □ Yes □ No  23. If the animal died, cause of death? □ Illness □ Injury □ Euthanasia □ Date: □ 4. Quarantine Released: □ Date: □ By: □ Per: □ Animal is alive and looks/acts normal.  25. Veterinarian □ Did see animal □ Did not see animal □ Did not see animal □ Did not see animal □ Did see				19.	Prior Bite				☐ 1 Year	
□ Unable to Locate Animal □ Animal Confined/Quarantined  22. Quarantine Location (address): □ If quarantined at home, has a Home Quarantine Agreement been signed? □ Yes □ No  23. If the animal died, cause of death? □ Illness □ Injury □ Euthanasia □ Date:  24. Quarantine Released: □ Date: □ By: □ Per: □ Animal is alive and looks/acts normal.  25. Veterinarian □ Did see animal □ Did not see animal □ Did no										
□ Unable to Locate Animal □ Animal Confined/Quarantined  22. Quarantine Location (address): □ If quarantined at home, has a Home Quarantine Agreement been signed? □ Yes □ No  23. If the animal died, cause of death? □ Illness □ Injury □ Euthanasia □ Date:  24. Quarantine Released: □ Date: □ By: □ Per: □ Animal is alive and looks/acts normal.  25. Veterinarian □ Did see animal □ Did not see animal □ Did no	21 Animal Location:				Erom	(data):		To (data):		
23. If the animal died, cause of death?		nimal	Confined/Quara	ntined	FIOIII	r (date).		TO (date).		
23. If the animal died, cause of death?	22. Quarantine Location (	If quar								
24. Quarantine Released: Date: By: Per:  ☐ Animal is alive and looks/acts normal.  25. Veterinarian ☐ Did see animal ☐ Did not see ani	00 If the endered district	and death O								
25. Veterinarian										
27. Remarks:  28. ☐ Head sent to lab.  29. Lab Results (circle one): POSITIVE NEGATIVE UNSATISFACTORY Lab contact reporting results:  Date: By: Rec'd By:	☐ Animal is alive and	d looks/acts normal.								
28. ☐ Head sent to lab.  29. Lab Results (circle one):  POSITIVE NEGATIVE UNSATISFACTORY  Lab contact reporting results:  Date: By: Rec'd By:		see animal    Did not	see animal	26.	26. Head examination is: ☐ Requested ☐ Not warranted					
POSITIVE NEGATIVE UNSATISFACTORY Lab contact reporting results: Date: Rec'd By:	27. Remarks:									
Lab contact Date: By: Particle Proporting results: Date: Rec'd By:	28. ☐ Head sent to lab.		29. Lab Re	esults (circle one		TIVE	NEGATIVE	LINS	ATISFACTORY	
	Date: Date				. 5511					
☐ In Person ☐ By Phone ☐ By Mail	30. Victim Notified By:			D	ate:	Date:	By:	necu by.		

ANIMAL BITES MUST BE REPORTED TO THE FLORIDA DEPARTMENT OF HEALTH IN BAY COUNTY

32. Person Completing Form:

Phone:

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

31. ☐ Case Closed

Date: