

Date of Report:

# ANIMAL BITE REPORT

## Rabies Control Investigation

1. Case Number:

### Town of West Springfield/Thomas J. O'Connor Animal Control

#### I. PERSON BITTEN

##### IDENTIFICATION

2. Name (Last, First)	3. Sex	4. Age	5. Telephone
6. Address (No. & Street) (City) (State) (Zip)			
7. Name of Parent or Guardian (if victim is a minor)		8. Address (if different)	
9. Source of Information (Person or Office)		Victim Telephone - Other	

##### EXPOSURE

10. Place of attack	11. Time and Date of attack
12. Circumstances of attack:	
13. Location and description of wound(s)	

##### TREATMENT

14. Was wound treated? <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	15. Wound treated by: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Dr. Telephone
16. Details of wound treatment <input type="checkbox"/> Washed <input type="checkbox"/> Sutured	17. Anti-Rabies Treatment Recommended? <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom?
18. Anti-Rabies Treatment Given? <input type="checkbox"/> No <input type="checkbox"/> Yes Medical facility? Telephone:	
19. Victim's Date of Birth	Victims SSN:

##### MISC.


#### II. ANIMAL/OWNER

##### IDENTIFICATION

20. Animal Owner (custodian)	Telephone
21. Address (No. & Street) (City) (State) (Zip)	
22. Type of animal	Est. Age: <input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild
23. Description: (Breed, color, etc.)	24. Dog License Number Date From
25. Behavior <input type="checkbox"/> Unknown <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	26. Prior Bites? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
27. Vaccinated against rabies? YES NO Vet:	Vaccination Date Rabies Tag Number <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine

##### QUARANTINE

28. <input type="checkbox"/> Unable to locate animal (Please advise victim to seek medical attention as soon as possible.)		From Date:
<input type="checkbox"/> Animal Confined at home (vaccine current) <input type="checkbox"/> Confined at TJO (vaccine not current or officer discretion)		To Date:
29. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### III. DISPOSITION OF ANIMAL

##### REVIEW

30. Cause of Death <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia	Date:
31. Quarantine released: Date: By:	
32. Veterinarian <input type="checkbox"/> Did see animal <input type="checkbox"/> Did not see animal	33. Head examination is <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted
34. Remarks:	

##### LABORATORY

35. Head sent to Lab: DATE BY TELEPHONE
36. Results <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY
37. Victim notified by: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail
Date: By:
38. <input type="checkbox"/> Case Closed: Date: By:

39. Person Completing Form:

Telephone: