

**Reporting Information**

Date of report: \_\_\_/\_\_\_/\_\_\_ Town: \_\_\_\_\_ Health Officer name: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Person reporting bite:  Health care provider  Veterinarian  Bite victim/parent or guardian  Other

Reporter name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Bite Victim Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Sex:  Male  Female  No answer Age: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_

**Bite Information**

Date of bite: \_\_\_/\_\_\_/\_\_\_ Where bite occurred: \_\_\_\_\_ Provoked bite?  Yes  No  Unknown

Location of bite:  Leg  Head  Torso  Arm  Hand/Finger  Other: \_\_\_\_\_

Animal type:  Dog  Cat  Cow  Horse  Sheep  Ferret  Unknown  
 Raccoon  Skunk  Bat  Fox  Other: \_\_\_\_\_

Animal status:  Owned  Stray  Wild  Unknown

If owned, owner's name: \_\_\_\_\_ If owned, animal's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Owner telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Animal disposition:  10-day confinement  Euthanized and tested  At large/unavailable  Unknown

Veterinarian name: \_\_\_\_\_ Facility: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has the animal received a rabies vaccine in the past?  Yes  No  Unknown

If yes, date of last rabies shot: \_\_\_/\_\_\_/\_\_\_ Rabies Tag #: \_\_\_\_\_

Describe bite scenario:

Action taken by Health Officer:

Report animal bites to the local [Town Health Officer](#).

Health Officers: Please keep a completed copy of this form in your town clerk's office.

Direct questions to the Infectious Disease Epidemiology Program at (802) 863-7240.