

# Report of Animal Bite

## Promptly Fax This Form to Appropriate Agencies

Healthcare facility personnel are required to report all incidents of animal bites by completing this report of animal bite form and faxing it to:

1. Nevada County Health Department Fax# (530) 271-0836 Ph# (530) 265-1420
2. And fax to one of the following agencies based on the appropriate jurisdiction:

Nevada County Animal Control	Fax# (530) 470-0439	Ph# (530) 265-1471
Grass Valley City Animal Control	Fax# (530) 477-6274	Ph# (530) 477-4630
Truckee Animal Control	Fax# (530) 582-7771	Ph# (530) 582-7830

Reporting Facility \_\_\_\_\_ Phone # \_\_\_\_\_

### PATIENT INFORMATION:

Name:	DOB /age	Sex: (Circle One)	M / F	Parent's Name: (if minor):	
Physical Address:		City:		State:	
Phone:		Mailing address:			
Date of bite:		Address Bite occurred:		City	State
How Bite Occurred:					
Nature of Injury:		Location of Injury:			
Treated By:		Date:		Time:	
Treatment Provided:	Cleaned <input type="checkbox"/>	<input type="checkbox"/> ABX	<input type="checkbox"/> IV ABX	Date of last Tetanus _____	<input type="checkbox"/> Tdap <input type="checkbox"/> TD Given
	Stitched <input type="checkbox"/>	<input type="checkbox"/> Rabies Vaccine 1 <sup>st</sup> Dose	<input type="checkbox"/> Rabies Immune Globulin	<input type="checkbox"/> Other	

### ANIMAL INFORMATION:

Name of Owner:		<input type="checkbox"/> Check if same as above	Phone:		
Physical Address:		City		State	
License #:		Expiration Date:		Licensing Agency:	
Rabies: (Circle One)	Current / Expired	Date Vaccinated:		Veterinarian:	
Species:	Description of Animal:		Animal Name:		

### QUARANTINE INFORMATION:

Quarantine Date:		Quarantine Location:			
Release Date:		Released By:		In Good Health	Died
Euthanized Date:		Euthanized By:			
Died: (Circle One)	Yes / No	Date:		How:	

### FLUORESCENT RABIES ANTIBODY:

F.R.A. Sent to Lab:	Yes No	Date:		Time:	
F.R.A. Results: (Circle One)	Positive / Negative	Patient Notified: (Circle One)	Yes / No	Date / Time:	

### BITE HISTORY:

<input type="checkbox"/> No Previous Known Bites	<input type="checkbox"/> Has Bite History	
Officer has determined this bite to be:	<input type="checkbox"/> Provoked	<input type="checkbox"/> Unprovoked
Date:	By:	

### ADDITIONAL INFORMATION:
