

**WASHINGTON COUNTY ANIMAL to HUMAN BITE REPORT FORM** (March 2011)

**\*\*\*Fax completed form to the Washington County Sheriff's Department at 262-335-6849\*\*\***

**\*\*\*Notify the Sheriff's Dispatcher by phone at 262-335-4411 after faxing the form\*\*\***

Washington county code 14.13(11) states animal bites shall be immediately reported to the Sheriff's Department.

**Law enforcement in the jurisdiction where the bite occurred will be notified to conduct follow up.**

**Incident Data: (Location where the bite occurred is required)**

Date of bite: \_\_\_\_\_ Time of Bite: \_\_\_\_\_ AM/PM Was the bite provoked?  Yes  No  Unknown

**Street Address where bite occurred:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Municipality (City, Town, Village): \_\_\_\_\_

Additional Comments (circumstances leading up to the bite) \_\_\_\_\_

**Person Bitten Data:** Was the owner bitten?  Yes  No

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Municipality (city, town, village): \_\_\_\_\_

Part of the body bitten: \_\_\_\_\_ Date seen by physician: \_\_\_\_\_

Treating physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Clinic Name & Address \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Clinic Name & Address \_\_\_\_\_

**Animal Data:** Is the animal available for rabies testing?  Yes  No Was the animal submitted for rabies testing?  Yes  No

Dog  Cat  Bat  Other: \_\_\_\_\_ Breed/Color/Markings: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Name: \_\_\_\_\_

Is the animal current on rabies vaccination?  Yes  No  Unknown Date of last rabies vaccination: \_\_\_\_\_

Name of Animal's Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Animal Owner Data:**  Owner was bitten (see above data)  Unknown (stray animal)  Wildlife

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Municipality: \_\_\_\_\_

**Reporter Data:**

Bite Reported by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Bite Reported to Sheriff's Department: \_\_\_\_\_

If reported to another law enforcement agency, Name & Phone: \_\_\_\_\_

**Person Completing this form:** \_\_\_\_\_ Date: \_\_\_\_\_

Washington County Sheriff's Department will complete:

Report Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of the animal:  Quarantined for 10 days after bite  Euthanized & sent to WSLH  NA-Animal species does not carry rabies

\*\*\*If the animal is sent for rabies testing, please fax this completed form to the Washington County Health Department at 262-335-4705\*\*\*