

WASHINGTON COUNTY ANIMAL to HUMAN BITE REPORT FORM (Aug 2012)

*****Notify the Sheriff's Dispatcher by phone at 262-335-4411.*** Inform them of address of bite and they will supply jurisdiction and fax number***Fax completed form to the assigned jurisdiction*****

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

Fax cover letter to law enforcement agency should include a note stating: "Bite report attached for your 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 & Fax: _____

Receiving jurisdiction 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