

ANIMAL BITE REPORT FORM
(Must be completed for ALL animal bites)

Complete then *FAX* to:

454-6959 City County Health Dept, and
454-2292 Animal Control City/or
454-6948 Animal Control County



CITY-COUNTY HEALTH DEPARTMENT

115 4th St So. Great Falls MT 59401

(406) 454-6950 CR# _____

I. Victim Information

Last Name:		First Name:	DOB/Age:
Date of Bite:	Time of Bite:	If Child, Parent's Name:	
Address:			
Phone home:		Phone cell/work:	

II. Bite Information

Circumstances under which the bite/scratch occurred:

Description/Location of wounds:

<p>Severity (circle one):</p> <p>1. Minor, Scratch</p> <p>2. Minor, punctures, 4 or less</p> <p>3. Moderate, punctures, 4+</p> <p>4. Severe, punctures deep, tearing, needing stitches</p>

Treatment of Wounds:

Attending Physician: _____ Date: _____

III. Animal and Owner Information

Species:	Breed/Type:	Name:	
Sex: M F	Color:	Age:	
Current Rabies Tag? Y/ N	Tag #:	Feral /or Pet?	Provoked: Y/N
Date vaccinated:	Expiration:	Veterinarian:	
Owners Name:	Phone:	Cell:	
Address:		Veterinarian:	
Location of Incident:		Location of Animal:	

Specimen collected?	Date Animal Destroyed	Date specimen shipped to Lab	Results of Analysis	Date patient informed	Post Exposure Letter Sent

Investigator: _____ ACO #: _____ CCHD: _____

