



ANIMAL BITE REPORT RABIES CONTROL INVESTIGATION

DOH USE ONLY
Date Received: 2/24/16
Case Number 1063358
Day10: 3/4/16

1. Name of Person bitten (Last, First)		2.	3. Date of Birth	4. Telephone
5. Address of Person Bitten City State Zip Code				
6. Guardian		7. Part of body that was bit or scratched		
8. Place of attack			9. Date of Attack <u>2/23/16</u>	
10. Doctor seen Antibiotics Given? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tetanus given? <input type="checkbox"/> Date of last Tetan		
11. Type of Animal <input type="checkbox"/> Dog <input type="checkbox"/> Other <input type="checkbox"/> Female <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Spayed <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Wild <input checked="" type="checkbox"/> Male <input type="checkbox"/> Stray <input type="checkbox"/> Neutered <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				
12. Animal owner if known		13. Name of Animal, Breed, Color; Age of Animal <u>Covered</u>		
14. Animal Owner's Address		City	State	Zip Code Telephone

BELOW FOR HEALTH DEPARTMENT / ANIMAL SERVICES USE ONLY

15. Circumstances of Attack: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Playful <input type="checkbox"/> Provoked <input checked="" type="checkbox"/> Other <u>Feeding</u> <input type="checkbox"/> K-9 <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unprovoked				
16. <input checked="" type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown Vet Rabies Tag No. Vaccination Date <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR				
17. Has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to Locate Animal <u>Fish + Game</u> Location of Quarantine <u>Hillsboro Co.</u> From Date <u>03.08.16</u> To Date <u>03.04.16</u>				
18. Animal survived quarantine, victim notified by <u>Hillsboro Co. phone</u> on <u>03.08.16</u>				
19. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date:				
20. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal		21. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted		
22. Head Sent to lab on:		Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY		
23. <input type="checkbox"/> PEP Recommended <input type="checkbox"/> Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Unable to make contact, certified letter mailed:				
24. Remarks: <u>Called Fish n Game, They don't care... up to Grace</u> <u>* Referred to Hillsboro Co. (cat from Hillsboro Co.)</u>				
25. Case Closed by: <u>[Signature]</u>		On: <u>3/8/16</u>		

02.29.16

Jr



Fish n Game called me back will call us back when
He knows something (TMRW) J