

ANIMAL BITE REPORT

This form is provided through a cooperative effort between your medical care facility and the Marion County Health Department in order to comply with the State law regarding reporting of all animal bites of potentially rabid animals. It is to be completed by the victim, or an adult accompanying the victim, at the time of the visit to the medical facility. **Please fill out this form completely. It is very important to provide your telephone number or a message phone number.** This form will be sent to Marion County Environmental Health for follow-up concerning the Rabies Control Program.

FILL OUT FORMS COMPLETELY AS REQUIRED BY ORS 433.340 – 433.390

PLEASE PRINT CLEARLY:

Today's date is: _____ Date of the bite was: _____

VICTIM INFORMATION:

Name: _____ Date of Birth _____

Address: _____
Street City Zip

Mailing Address (if different): _____

Telephone/message number: _____

Part(s) of body bitten: _____

Type of animal (i.e., dog, cat) and physical description (i.e., color, breed, size):

ANIMAL OWNER INFORMATION:

Name: _____

Address: _____
Street City Zip

Mailing Address (if different): _____

Telephone or message number: _____

Does this animal have current rabies shots? Yes _____ No _____ Don't know _____
If yes, list date/place shots received or expiration date: _____

Name of person supplying information: _____

Relationship to victim: _____ Phone number: _____

PLEASE FAX THIS COMPLETED FORM TO MARION COUNTY ENVIRONMENTAL HEALTH AT 503-566-2986.