



### ANIMAL BITE REPORT

This form is provided through a cooperative effort between your medical care facility and Marion County Health & Human Services 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**

#### CASE IDENTIFICATION –PERSON BITTEN

Name: _____ Phone: _____		SOURCES OF REPORT (Check all that apply) <input type="checkbox"/> Vet <input type="checkbox"/> Citizen <input type="checkbox"/> Physician <input type="checkbox"/> Other: _____ Name: _____ Phone: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Victim's MD: _____ <i>(if different)</i> Phone: _____
Address: _____ Street City County Zip Code		
Email address: _____		
ALTERNATIVE CONTACT: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Household member <input type="checkbox"/> Friend		
Name: _____ Phone: _____ Indicate home (H), work (W), message (M)		
Address: _____ Street City Zip Code		

#### DEMOGRAPHICS

SEX <input type="checkbox"/> female <input type="checkbox"/> male	HISPANIC <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Worksites: _____ _____
Date of Birth: ____/____/____ mm dd yy	Race <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> unknown <input type="checkbox"/> refused to answer <input type="checkbox"/> other _____	
or, if unknown, AGE _____		Occupation/grade: _____

#### BITE or OTHER EXPOSURE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ am pm  provoked  unprovoked

Describe the location and nature of the injuries: \_\_\_\_\_  
\_\_\_\_\_

Address/location and circumstances of the incident: \_\_\_\_\_

#### ABOUT THE ANIMAL

<b>Ownership</b> <input type="checkbox"/> Victim's household pet <input type="checkbox"/> acquaintance's pet <input type="checkbox"/> stranger's pet <input type="checkbox"/> stray <input type="checkbox"/> wild <input type="checkbox"/> unknown <input type="checkbox"/> other _____	<b>RABIES IMMUNIZATION HX</b> <input type="checkbox"/> unknown <input type="checkbox"/> unvaccinated <input type="checkbox"/> vaccinated, current <input type="checkbox"/> vaccinated, not current Last shot given ____/____/____ Manufacturer: _____	<b>Description of animal (age, sex, breed, relevant history)</b>  Owner: _____ Phone: _____ Address: _____
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#### DISPOSITION OF ANIMAL AND RECOMMENDATIONS

<b>PLAN FOR ANIMAL</b> <input type="checkbox"/> lost to follow up <input type="checkbox"/> hold for 10 day observation <input type="checkbox"/> discard/release (no risk) <input type="checkbox"/> send head to lab (batch) <input type="checkbox"/> send head to lab (express) <input type="checkbox"/> refer to Vet. Diagnostics <input type="checkbox"/> home "quarantine" <input type="checkbox"/> shelter "quarantine" <input type="checkbox"/> _____	<b>TEST RESULTS</b> <input type="checkbox"/> not tested <input type="checkbox"/> negative <input type="checkbox"/> unsatisfactory <input type="checkbox"/> positive  <b>LABORATORY</b> <input type="checkbox"/> OSPHL (Portland) <input type="checkbox"/> VDL (Corvallis) <input type="checkbox"/> CDC	Additional Information (transportation details, etc. )   <div style="text-align: right;">➔</div>
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**PLEASE FAX THIS COMPLETED FORM TO MARION COUNTY ENVIRONMENTAL HEALTH AT 503-566-2986**



PATIENT'S NAME

**FIRST AID/MEDICAL FOLLOW-UP FOR VICTIM**

**ROUTINE FOLLOW-UP**

- wound cleaned with soap and water
- disinfectant applied
- medical attention required
- tetanus immunization status checked
- victim cautioned about risk of infection
- antibiotic prophylaxis (NB: not always indicated)

**POST-EXPOSURE RABIES PROPHYLAXIS**

- Recommended by H. D.?  yes  no
- Given to victim?  yes  no  unknown

Comments:

**ADMINISTRATION**

Remember to copy patient's name to the top of this page.

Date case report sent to OHS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Investigation sent to OHS on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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