Benton County HEALTH DEPARTMENT

Animal Bite Reporting Form

Environmental Health

Oregon State Law requires that Animal Bites be reported within **One (1) Working Day**

- Report animal bites that happened in Benton County to the Benton County Health Department
- Fax the completed form to 541-766-6248 within one (1) working day of evaluation.
- Please inform the person who was bitten that the Health Department will contact them.

ABOUT THE PERSON BITTEN

Name: _____ DOB: _____ Age: _____

Name of Parent/Guardian (if minor): _____

Street Address: _____ Phone: _____

City, State, Zip: _____ ☐ Home ☐ Work ☐ Cell

ABOUT THE ANIMAL OWNER

Owner's Name: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ ☐ Home ☐ Work ☐ Cell

ABOUT THE ANIMAL

Type of animal: (dog, cat, other): _____ Age: _____ Sex: ☐ M ☐ F

Description of animal (name, breed, relevant history):

Relationship to person bitten:

☐ Their own pet ☐ Acquaintance's pet ☐ Stranger's pet

☐ Stray pet ☐ Wild ☐ Unknown

Current rabies vaccination? ☐ yes ☐ no If yes, expiration date: _____

Traveled outside USA? ☐ yes ☐ no If yes, where/when? _____

Current location of animal: _____

ABOUT THE INCIDENT

Date of incident: _____ Time: _____ ☐ AM ☐ PM

Address/Location of incident: _____

How did the incident occur:

Physical Location of Bite: _____ Bite Severity: ☐ Skin broken ☐ Skin unbroken

MEDICAL TREATMENT

Treatment administered by: _____ at: _____

Treatment: _____

Wound cleaned with soap & water? ☐ yes ☐ no Antibiotic prophylaxis? ☐ yes ☐ no

Victim cautioned about risk of infection? ☐ yes ☐ no Tetanus immunization current? ☐ yes ☐ no

REPORTING INFORMATION

Date reported: _____

Name of reporting person/agency: _____ Phone: _____

☐ Home ☐ Work ☐ Cell

Benton County Environmental Health
PO Box 3020, Corvallis, OR 97339
Phone: 541-766-6841 | Fax: 541-766-6248

FOR BCHD OFFICE USE ONLY

Copy: ☐ CD Nurse ☐ Animal Control