

## **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:	□ Work □ Cell
City, State, Zip:		□ 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: $\square$ M $\square$ F
Description of animal (name, breed, relevant histo		
Deletional in to manage hittory		
Relationship to person bitten:     Acquainta	anco's not	r's not
☐ Stray pet ☐ Wild	ance's pet ☐ Strange ☐ Unknow	•
Current rabies vaccination? ☐ yes ☐ no		
	If yes, where/when?	
•		
Current location of animal:		
ABOUT THE INCIDENT		
Date of incident:	Time:	AM DPM
Address/Location of incident:		
Physical Location of Bite:	Bite Severity: ☐ Skin bro	oken   Skin unbroken
MEDICAL TREATMENT		
Treatment administered by:	at:	
Treatment:		
Wound cleaned with soap $\&$ water?	s □ no Antibiotic prophylaxis?	
Victim cautioned about risk of infection? ☐ yes	Tetanus immunization	current? ☐ yes ☐ no
REPORTING INFORMATION		
Date reported:		
Name of reporting person/agency:		
	☐ Home	□ Work □ Cell