



1. CASE NUMBER: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Reporting Agency: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Telephone: \_\_\_\_\_

# ANIMAL BITE REPORT

## Rabies Control Investigation

Miami-Dade County Epidemiology  
Phone: (305) 470-5660  
Fax: (305) 470-5533

<b>I - PERSON BITTEN</b>	<b>IDENTIFICATION</b>	2. Name (Last, First)	3. Sex Male Female	4. Age	5. Telephone	<b>MDDPD - ANIMAL CONTROL NOTIFIED</b> No Yes By Whom: Victim Hospital MD Other		
		6. Address (No. & Street)	(City)	(State)	(Zip)			
		7. Name of Parent/Guardian (if victim is a minor)	8. Address (if different)					
		9. Source of Information (Person or Office)	Victim Telephone Other					
	<b>EXPOSURE</b>	10. Place of attack	11. Time and date of attack					
		12. Circumstances of attack: K-9 (Police Action) Unknown Unprovoked Playful Provoked Sick/Hurt Other						
		13. Location and description of wound(s)						
	<b>TREATMENT</b>	14. Was wound treated? No Yes Date:		15. Wound treated by Self Parent Dr. Telephone				
		15. Details of wound treatment? Washed Sutured		17. Anti-Rabies Treatment Recommended? No Yes By Whom:				
		18. Anti Rabies Treatment Given? (Raccoon, fox, bats or if animal not found PEP recommended) No Yes By Whom: Telephone						
19. Victim's Date of Birth:			Victim's SSN					
<b>II - ANIMAL / OWNER</b>	<b>IDENTIFICATION</b>	20. Animal Owner (Custodian) Telephone				<b>TETANUS GIVEN:</b> Yes No <b>ANTIBIOTICS GIVEN:</b> Yes No <b>IF Yes, which antibiotic?</b> _____ <b>IF No, was it offered?</b> Yes No		
		21. Address (No. & Street)	(City)	(State)	(Zip)			
		22. Type of animal: Dog Cat Fox Raccoon Bat Other Specify		Owned Stray Wild	Male Female		Est. Age:	
		23. Description: (Breed, Color, Etc.)		24. License Number	Date		From:	
	25. Behavior Unknown Normal Abnormal		26. Prior Bites? Yes No					
	27. Vaccinated against rabies? Yes No Unk. VET.		Vaccination Date:	Rabies Tag No.	1 Year Vaccine 3 Year Vaccine			
	28. Unable to locate animal Animal Confined		From Date:	To Date:				
	29. If at owner's Home, has Quarantine Agreement been signed? Yes No							
	<b>III - DISPOSITION OF ANIMAL</b>	<b>REVIEW</b>	30. Cause of Death Illness Injury Euthanasia Date:					
			31. Quarantine released: Date:		By:			
32. Veterinarian Did Did not see animal			33. Head examination is Requested Not warranted					
34. Remarks:								
<b>LABORATORY</b>		35. Head Sent to Lab _____		DATE BY		TELEPHONE		
		36. Results POSITIVE NEGATIVE UNSATISFACTORY						
	37. Victim notified by Person Phone Mail Date:			By:				
	38. Case closed Date:		By:					