



**Public Health**  
Prevent. Promote. Protect.  
Wicomico County  
Health Department

# WICOMICO COUNTY HEALTH DEPARTMENT BITE REPORT FORM

Environmental Health

[www.wicomicohealth.org](http://www.wicomicohealth.org)

**Phone:** (410) 546-4446 M-F, 8AM-5PM/ 410-543-6996 after hours. **Fax:** 410-543-2021

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exposure date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reported by: \_\_\_\_\_

**Incident location:** \_\_\_\_\_

**Activity when exposed:** \_\_\_\_\_

Exposed victim: ☐ Human ☐ Animal

Exposure type: ☐ Bite ☐ Non-Bite

**Victim Information:** ☐ Human ☐ Animal

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: ☐ M ☐ F Parent/Guardian (if minor): \_\_\_\_\_

Physical address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ County: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Date treated: \_\_\_\_\_ Treated at: \_\_\_\_\_ Body part exposed: \_\_\_\_\_

**If Victim is an Animal**, please complete this section in addition to section above:

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Name: \_\_\_\_\_

Rabies vaccination given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies vaccination expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies tag #: \_\_\_\_\_

Vet: \_\_\_\_\_ Vet's phone: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Present location of animal: \_\_\_\_\_

Confinement location: \_\_\_\_\_

## Biting Animal Information:

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Name: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: ☐ M ☐ F

Rabies vaccination given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies vaccination expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies tag #: \_\_\_\_\_

Vet: \_\_\_\_\_ Vet's phone: \_\_\_\_\_ Owner's name: \_\_\_\_\_

Owner's Physical address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ County: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Present location of animal: \_\_\_\_\_

Confinement location: \_\_\_\_\_

### **\*\*THIS SECTION TO BE COMPLETED BY HEALTH DEPARTMENT STAFF ONLY\*\***

Agency incident #: \_\_\_\_\_

HD received date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reported to: ☐ HSWC ☐ SC PD ☐ CD

Via: ☐ Fax ☐ Phone

Reported by: \_\_\_\_\_

Animal: ☐ Escaped ☐ Tested ☐ Quarantined

Date tested: \_\_\_\_/\_\_\_\_/\_\_\_\_

Q type: ☐ 10 ☐ 45 ☐ 120 ☐ 180

Results: ☐ Neg ☐ Pos

Accession #: \_\_\_\_\_

Q end: \_\_\_\_/\_\_\_\_/\_\_\_\_ Q √: \_\_\_\_/\_\_\_\_/\_\_\_\_ Q √ by: \_\_\_\_\_

Via: ☐ Phone ☐ Visit

Prophylaxis recommended: ☐ Yes ☐ No

Prophylaxis started: \_\_\_\_/\_\_\_\_/\_\_\_\_

CD Letter: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date animal boosted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case closed: \_\_\_\_/\_\_\_\_/\_\_\_\_