

**WICOMICO COUNTY HEALTH DEPARTMENT BITE REPORT FORM**

**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 (circle): Human/ Animal Exposure Type (circle): Bite /Non-Bite

**Victim Information (Human or Animal):** Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: M / F Parent Guardian(if Minor): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date Treated: \_\_\_/\_\_\_/\_\_\_ Treated At: \_\_\_\_\_ Body Part Exposed: \_\_\_\_\_

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

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

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: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Location of Animal: \_\_\_\_\_

Confinement Location: \_\_\_\_\_

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

Agency Incident # \_\_\_\_\_ HD Received Date: \_\_\_/\_\_\_/\_\_\_

Reported To: HSWC/SA PD/CD/ \_\_\_\_\_ Via: Fax/Phone Reported By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Animal: Escaped/Tested/Quarantined Tested: \_\_\_/\_\_\_/\_\_\_ Results: Neg/Pos Accession#: \_\_\_\_\_

Q Type: 10/45/180 Q End: \_\_\_/\_\_\_/\_\_\_ Q √: \_\_\_/\_\_\_/\_\_\_ Q √ by: \_\_\_\_\_ Via: Phone/Visit

Prophylaxis Recommended: Yes/No Prophylaxis Started: \_\_\_/\_\_\_/\_\_\_ CD Letter: \_\_\_/\_\_\_/\_\_\_

Date Animal Boostered: \_\_\_/\_\_\_/\_\_\_ Case Closed: \_\_\_/\_\_\_/\_\_\_