

# Animal Bite

COOS

FOR STATE USE ONLY

#

COUNTY

FAX report to 541-888-8726 when the bite victim resides in or the incident occurred in Coos County.

Call 541-266-6720 to consult with public health personnel. (IF after hours call 541-266-6700).

initial report date \_\_\_/\_\_\_/\_\_\_

animal species \_\_\_\_\_

## CASE IDENTIFICATION—PERSON BITTEN

Complete ALL fields in yellow highlights

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City County Zip

e-mail address \_\_\_\_\_

ALTERNATIVE CONTACT (required for minor):  Parent  Spouse  Household Member  Friend

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

### Who is REPORTING

Vet  Citizen  Physician

Agency or Company \_\_\_\_\_

Person Reporting \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_:\_\_\_  am  pm  
(first report)

Victim's M.D. \_\_\_\_\_  
(if different)

Phone \_\_\_\_\_

## DEMOGRAPHICS

Complete ALL fields in yellow highlights

SEX  female  male

HISPANIC  yes  no  unknown

Worksites/school/daycare \_\_\_\_\_

DATE OF BIRTH    /    /   

### RACE

White  American Indian  
 Black  Asian/Pacific Islander  
 unknown  refused to answer  
 other \_\_\_\_\_

Occupations/grade \_\_\_\_\_

or, if unknown, AGE \_\_\_\_\_

## BITE OR OTHER EXPOSURE

Complete ALL fields in yellow highlights

date of bite \_\_\_/\_\_\_/\_\_\_ time \_\_\_ am pm  provoked  unprovoked

Describe location and nature of injuries \_\_\_\_\_  
\_\_\_\_\_

Describe circumstances leading to bite \_\_\_\_\_  
\_\_\_\_\_

## ABOUT THE ANIMAL

Complete ALL fields in yellow highlights

OWNERSHIP  
 victims's household pet  
 acquaintance's pet  
 stranger's pet  
 stray  
 wild  
 unknown

### RABIES IMMUNIZATION HX

unknown  
 unvaccinated  
 vaccinated; current  
 vaccinated; not current  
last shot given \_\_\_/\_\_\_/\_\_\_  
manufacturer \_\_\_\_\_

Type of animal (age, sex, breed, relevant history)  
\_\_\_\_\_

Owner \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

## DISPOSITION OF ANIMAL AND RECOMMENDATIONS

### PLAN FOR ANIMAL

lost to follow-up  
 hold for 10-day observation  
 discard/release (no risk)  
 send head to lab (batch)  
 send head to lab (express)  
 refer to Vet. Diagnostics  
 home "quarantine"  
 shelter "quarantine"  
 \_\_\_\_\_

### TEST RESULTS

not tested  
 negative  
 unsatisfactory  
 positive

### LABORATORY

OSPHL (Portland)  
 VDL (Corvallis)  
 CDC

Additional Information (transportation details, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PATIENT'S NAME ▶

**Physician FOLLOW-UP FOR VICTIM**

ROUTINE FOLLOW-UP

- wound cleaned with soap and water
- disinfectant applied
- medical attention required
- tetanus immunization status checked
- victim cautioned about risk of infection
- antibiotic prophylaxis (NB: not always indicated)

**Medical Provider ONLY:**

IS RABIES PROPHYLAXIS PROVIDED?

- yes  no

Comments

**ADMINISTRATION**

Remember to copy patient's name to the top of this page.

Date case report sent to OHS: \_\_\_/\_\_\_/\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Investigation sent to OHS on \_\_\_/\_\_\_/\_\_\_