Animal Bite Incident Report Form

Victim Demographic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
</table>

Parent’s name (if victim under 18 years of age)

<table>
<thead>
<tr>
<th>Home</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

Race:

- [ ] White
- [ ] Black
- [ ] Asian/Pacific Islander
- [ ] Native American
- [ ] Hispanic
- [ ] Unknown

Occupation:

Does the victim know the owner of the animal?

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, please specify relationship:

Has the victim ever had prior interaction with this animal?

- [ ] Yes
- [ ] No
- [ ] Unknown

Has the victim ever received any education, training or advice on how to behave safely around animals they are both familiar and unfamiliar with from a physician, veterinarian, teacher or other person?

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, from whom:

Were there multiple victims in this incident?

- [ ] Yes
- [ ] No
- [ ] Unknown

If yes, please specify number and provide names:

Victim Medical Information

Wound location:

- [ ] face/head
- [ ] upper extremities
- [ ] lower extremities
- [ ] torso
- [ ] other

Detailed location:

Wound severity:

- [ ] bruise(s)
- [ ] scratch(s)
- [ ] laceration(s)
- [ ] puncture(s)
- [ ] other

Number and/or other details:

Hospital name:

<table>
<thead>
<tr>
<th>phone</th>
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</table>

Was the victim hospitalized?

- [ ] Yes
- [ ] No
- [ ] Unknown

Treatments applied:

- [ ] Wound(s) cleaned/disinfected
- [ ] Wound(s) sutured
- [ ] Antibiotics administered
- [ ] Antibiotics perscribed
- [ ] Tetanus immunization administered
- [ ] Unknown/not specified

Was rabies post-exposure prophylaxis administered?

- [ ] Yes
- [ ] No
- [ ] Unknown

Other treatments and/or procedures:
### Incident Information

Date of incident: ___/___/___  Time_______ AM  PM

Location (please check all that apply):
- [ ] in owner’s home
- [ ] in victim’s home
- [ ] on animal owner’s property
- [ ] near animal owner’s property
- [ ] at a veterinary clinic
- [ ] on victim’s property
- [ ] near victim’s property
- [ ] at a shelter or rescue facility
- [ ] on public property
- [ ] other, please specify

Circumstances (please check all that apply):

**victim specifics:**
- [ ] petting the animal
- [ ] playing with the animal
- [ ] breaking up a fight between/among animals
- [ ] approaching the animal owner’s property
- [ ] moving/reaching towards the animal
- [ ] moving away from the animal
- [ ] moving the animal (or part of its body)
- [ ] holding the animal (or part of its body)
- [ ] left unsupervised by a parent/guardian
- [ ] scolding or disciplining the animal
- [ ] pulling, pushing, hitting, kicking the animal
- [ ] scaring or teasing the animal
- [ ] arguing/fighting with owner
- [ ] taking something away from the animal

**owner specifics:**
- [ ] present prior to incident
- [ ] present during incident
- [ ] not present

**animal specifics:**
- [ ] fighting with another animal
- [ ] running at large
- [ ] confined (in a kennel, crate, pen, yard, etc.)
- [ ] sick or injured
- [ ] tied/tethered to an object (on a chain or tie-down)
- [ ] in a vehicle
- [ ] eating (food, water, bone, toy, etc.)
- [ ] sleeping
- [ ] guarding (property, person, food, water, bone, toy, etc.)
- [ ] on a leash

Other location and circumstance information and/or comments:

________________________________________________________________________________________

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### Animal Information

Species: [ ] dog  [ ] cat  [ ] skunk  [ ] bat  [ ] raccoon  [ ] other

Age _____  Sex _____  Primary breed ______________________  Secondary breed ___________________

Reproductive status: [ ] neutered  [ ] spayed  [ ] intact  [ ] unknown  [ ] not applicable

Did the biting animal have recent contact with other animals?  [ ] Yes  [ ] No  [ ] Unknown

If yes, describe: ______________________________________________________

Rabies vaccination status: [ ] vaccinated  [ ] not vaccinated  [ ] unknown  [ ] not applicable

License status: [ ] Licensed  [ ] Unlicensed  [ ] Unknown

Has this animal had prior animal control contact/enforcement action?  [ ] Yes  [ ] No  [ ] Unknown

Has this animal been involved in a previous bite incident?  [ ] Yes  [ ] No  [ ] Unknown

Where does this animal spend most if its time?  [ ] Indoors primarily  [ ] Indoors/outdoors

- [ ] Outdoors only – chained/tethered  [ ] Outdoors only – unchained/untethered  [ ] Unknown
### Owner Demographic Information

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Home City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Race:  
- ☐ White  
- ☐ Black  
- ☐ Asian/Pacific Islander  
- ☐ Native American  
- ☐ Hispanic  
- ☐ Unknown

# adults in the household _________  
# children in the household _________

Are there other animals in the household?  
- ☐ Yes  
- ☐ No  
- ☐ Unknown

If yes, please specify species and # ________________________________

Has the owner ever received any education, training, or advice on the behavior of their animal at various stages of life from a veterinarian, animal behaviorist, or other person?  
- ☐ Yes  
- ☐ No  
- ☐ Unknown

If yes, from whom? __________________________________________

Why does the owner have this animal? ________________________________

Did the owner consult anyone prior to obtaining this animal, such as a veterinarian, healthcare provider, animal behaviorist, or shelter or rescue staff member, in regards to selecting the most appropriate pet?  
- ☐ Yes  
- ☐ No  
- ☐ Unknown

If yes, whom? __________________________________________

Has this owner had prior animal control contact enforcement action?  
- ☐ Yes  
- ☐ No  
- ☐ Unknown

Has this owner had prior law enforcement action?  
- ☐ Yes  
- ☐ No  
- ☐ Unknown

### Disposition of Animal

Please check all that apply:

- ☐ Lost to follow-up  
- ☐ Home confinement/observation  
- ☐ Discard/release (no risk)  
- ☐ Shelter confinement/observation  
- ☐ Send head to lab  
- ☐ Veterinary clinic confinement/observation  
- ☐ Other ________________________________

# of days _________  
# of days _________  
# of days _________

Test results:  
- ☐ not tested  
- ☐ negative  
- ☐ positive  
- ☐ unsatisfactory

Laboratory_________________________________________ Phone_______________ Date tested ___/___/_____

### Additional information and/or comments

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Animal Bite Incident Report form  
WDH Case # ___________

Epidemiology Section  
Phone: 307-777-3593  
Fax: 307-777-5573

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