

Animal Bite Incident Report Form

FOR WDH USE ONLY:

Date WDH notified ___/___/___ Interviewer Initials _____ Date of interview ___/___/___ WDH Case # _____

Source of Report

Vet Animal control Citizen Physician Laboratory Other

Name _____ Phone _____

Agency case number or other identifier _____

Agency / Hospital / Clinic / Laboratory / Company name: _____

Victim Demographic Information

Name _____ Date of birth ___/___/___ Age _____ Sex _____

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

Home City _____ State _____ Zip _____ Phone _____

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

Occupation: _____

Does the victim know the owner of the animal? Yes No Unknown victim is the animal owner

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 _____ phone _____

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: _____

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 of its time? Indoors primarily Indoors/outdoors
 Outdoors only – chained/tethered Outdoors only – unchained/untethered Unknown

Owner Demographic Information

Age _____ Sex _____ Home City _____ State _____ Zip _____

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:

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> Lost to follow-up | <input type="checkbox"/> Home confinement/observation | # of days _____ |
| <input type="checkbox"/> Discard/release (no risk) | <input type="checkbox"/> Shelter confinement/observation | # of days _____ |
| <input type="checkbox"/> Send head to lab | <input type="checkbox"/> Veterinary clinic confinement/observation | # of days _____ |
| <input type="checkbox"/> Other _____ | | |

Test results: not tested negative positive unsatisfactory

Laboratory _____ Phone _____ Date tested ___/___/___

Additional information and/or comments