

**WASHTENAW COUNTY PUBLIC HEALTH DEPARTMENT**  
**ANIMAL BITE/EXPOSURE REPORT FORM**  
**SECURE FAX: (734) 544-6706 PHONE: (734) 544-6700**  
**AFTER HOURS: (734) 891-4327**

Bite Victim Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_

Bite/Exposure Date \_\_\_\_\_ Time of Day \_\_\_\_\_

Address Where Bite Occurred \_\_\_\_\_

Description of Bite/Exposure Incident \_\_\_\_\_

\_\_\_\_\_

**Provoked Bite:** Yes or No                      **Occult Exposure (Bat):** Yes or No

Skin Penetration: Yes or No    Location on Body: \_\_\_\_\_

Treatment: Yes or No

Describe:            Wound Care    Antibiotics    Td Booster    RIG            Rabies Vaccine

Treatment date: \_\_\_\_\_

Facility/MD Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Animal Type:** Dog    Cat    Ferret    Raccoon    Skunk    Woodchuck    Bat    Other: \_\_\_\_\_

Domestic Pet: Yes or No

Feral/Wild: Yes or No

**Current Location of Animal:** Destroyed    Escaped/released    Confinement (home or vet office)

Owner's Name \_\_\_\_\_

Owner's Address/City \_\_\_\_\_

Owner's Phone(\_\_\_\_\_) \_\_\_\_\_ Alternate Phone(\_\_\_\_\_) \_\_\_\_\_

**Rabies Vaccination Date(s):** \_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

**Bite Reported to Law Enforcement:** Yes or No    Date Reported: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

**Animal Specimen Sent for Testing:** Yes or No    Date Sent: \_\_\_\_\_

Information Reported By: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_