



# Hancock Public Health

Your Recognized Leader in Population Health

*Karim Baroudi, MPH, Health Commissioner*



DATE: \_\_\_\_\_

CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

REPORT: \_\_\_\_\_

## REPORT OF ANIMAL BITE

Name of Animal Owner: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Description of animal (breed, color, markings, name, etc.) Dog / Cat / Other

\_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Bitten: \_\_\_\_\_

Parents: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Circumstances of bite: \_\_\_\_\_

\_\_\_\_\_

Area bitten and degree: \_\_\_\_\_

Attending Physician: \_\_\_\_\_

Reported by: \_\_\_\_\_

Was animal immunized against rabies: \_\_\_\_\_ YES \_\_\_\_\_ NO

Were instructions given relative to confinement and observation of the animal? \_\_\_ YES \_\_\_ NO

Reported to Hancock County Humane Society? \_\_\_\_\_ YES \_\_\_\_\_ NO



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### HEALTH DEPARTMENT USE ONLY

Were instructions given relative to confinement and observation of animal?  YES  NO

Was animal observed after 10 day confinement?  YES  NO

Date observed \_\_\_\_\_ By whom \_\_\_\_\_

Was the animal properly confined?  YES  NO

Was immunization in force at time of bite?  YES  NO

Comments:

Animal appears healthy?  YES  NO

Animal is eating and drinking normally?  YES  NO

Was animal immunized against rabies?  YES  NO

If no, were instructions given for continued confinement and a time limit set for compliance?

YES  NO \_\_\_\_\_ DATE

Proper documentation of immunization was submitted to the department:  YES  NO

Date submitted: \_\_\_\_\_

If no, the information was turned over to the county prosecutor for legal action on \_\_\_\_\_.

Sanitarian/EH Technician: \_\_\_\_\_

(REV 12/23)