

Pennyrile District Health Department Animal Bite Form

Person Who Was Bitten

Name: _____ Phone #: (hm/wk) _____

Address: _____

Age: _____ Parent/Guardian Name (if minor): _____

Date of Last Tetanus Vaccination of Person Bitten: _____ Current? ____ Yes ____ No

Location of the Incident: _____

Site of Bite: _____ Date of Bite: _____

Was Skin Broken? ____ Yes ____ No Was Bite Provoked? ____ Yes ____ No

Does the Animal Have a Current Rabies Vaccination? ____ Yes ____ No

Brief Narrative of the Incident: _____

Owner of the Animal

Species of Animal: _____ Description: _____

Owner's Name: _____ Phone #: (hm/wk) _____

Address: _____

Form Completed By: _____

Please advise the patient/guardian/owner that the animal must be confined for a 10-day period. Inform them that the local environmentalist will follow up with a personal visit to the owner. It is important that the owner not destroy the animal.

Please fax this report to the Environmental Office of the Health Department in the county where the owner of the animal lives within 12 hours of attending to the patient. If calling to report an animal bite and the Health Department is closed, please report on the next working day.

Caldwell County Health Center
phone: 365-6571 fax: 365-3145

Crittenden County Health Center
phone: 965-5215 fax: 965-9078

Livingston County Health Center
phone: 928-2193 fax: 928-2098

Lyon County Health Center
phone: 388-9763 fax: 388-5941

Trigg County Health Center
phone: 522-8121 fax: 522-5384