

BITE REPORT

| Notifications | |
|--|--|
| RI Dept. of Health Name of Contact: | Phone: 401-222-2577 Date and time: Name of notifier: |
| ACO where bite occurred Name: | Phone: Date and time: Name of notifier: |
| Owner of animals involved Name: | Phone: Date and time: Name of notifier: |
| Victim | |
| Type of victim person, dog, cat? | |
| Victim's name | |
| Victim's date of birth | |
| Victim's address street, city, state, zip | |
| Victim's phone numbers | |
| Medical Information | |
| Date and time of bite | |
| Where and how did the bite occur? | |
| Description of the bite Location, number, and severity of punctures, scratches, lacerations, broken bones | |
| Where was the victim treated? | |
| What treatment was given? | |
| Bite Animal | |
| Description Species, sex, age, color, size | |
| Animal name | |
| Rabies tag and year | |
| Identification Number | |
| Other identification | |

| Quarantine | |
|----------------------------|--|
| Quarantine Location | |
| Date quarantine starts | |
| Date quarantine ends | |
| Other Relevant Information | |
| | |

Signature of Animal Control Officer or Shelter Manager: _____

Print Name: _____ Date/Time of this report: _____

Address: Street _____ City _____ State: _____ Zip: _____

Phone: (W) _____ (Alternate) _____ FAX _____

See also:

- [Rabies – the Facts You Need to Know Now](#) (RI DEM)
- [Who to Call When a Potential Rabies Exposure Occurs](#) (RI DEM)
- [Cat and Dog Bites](#) (American Academy of Family Physicians)
- [Animal Bites: First Aid](#) (Mayo Clinic)
- [Rabies](#) (RI DOH) and [Rabies](#) (CDC)
- [The State of RI Manual for Rabies Management and Protocols](#) (RI DEM)
- [Animal Bit Case Report Form](#) (RI DOH)