

TANEY COUNTY HEALTH DEPARTMENT

ANIMAL BITE REPORT

320 Rinehart Rd., Branson, MO

417-335-5727 EXT. 596

417-335-5727 FAX



For the health and safety of the patient, please notify an animal control officer **within 24 hours** of a bite so a rabies investigation can be done.

VICTIM INFORMATION- TO BE COMPLETED BY PATIENT. PLEASE PRINT CLEARLY

Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	DOB:
Address:		
City:	State:	Zip:
Home/Cell Phone:	Work Phone:	
If Minor, Guardian Name:		
Location of Bite on Body: Head <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Torso <input type="checkbox"/>		
Previous Tetanus Vaccination: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>		Date Given:

ANIMAL INFORMATION- TO BE COMPLETED BY VICTIM

Type of Animal:	Location of Animal:	
Physical Address Where Occurred:		Date Occurred:
Did Bite Occur While: Handling the Animal <input type="checkbox"/> Random Attack <input type="checkbox"/>		Time Occurred: am pm
County Where Occurred:		
Is the animal up-to-date on vaccinations (specifically rabies): YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>		Current Veterinarian:

PET OWNER CONTACT INFORMATION

Name:	Address:	Phone:
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TO BE COMPLETED BY PROVIDER

Provider Name:		Provider Phone Number:
Was Prophylaxis Recommended: YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Treatment Started:
Date IG Given:	Dose Given:	ER Records Attached: YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Vaccine Given:	Location Given:	Authorities Contacted: YES <input type="checkbox"/> NO <input type="checkbox"/>
Tetanus Shot Provided: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>		Antibiotics Provided: YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/>
Description of Wound(s):		
Form Completed By:		Phone:

IMMEDIATELY FAX REPORT TO TANEY COUNTY HEALTH DEPARTMENT @ (417) 335-5727

Notes: