



# COLUMBIA COUNTY Public Health

# Animal Bite Reporting Form

## Reporting instructions

Fax this form to 888-204-8568 (Public Health) and 503-366-3990 (Animal Control).

Animal bites must be reported within one local health department working day.

Local health departments are required to investigate bites of humans by mammals.

## Individual bitten (victim)

Last name	First name	Initial	Date of birth	<input type="checkbox"/> M <input type="checkbox"/> F
Address	City	State	Individual's phone number	
Occupation	Worksite / School	Other contact instructions		
Race (check all that apply)	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Decline
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other:	
Hispanic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Decline	<input type="checkbox"/> Other:
Alternate contact's name	Alternate contact's phone number	Contact's relationship to victim		

## Date of report and reporter's contact information

Report date	Report time <input type="checkbox"/> AM <input type="checkbox"/> PM	Reporter's relationship to victim <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Medical provider's office <input type="checkbox"/> Citizen <input type="checkbox"/> Vet's office <input type="checkbox"/> Other:
Name of reporter/provider/office	Phone number	Reporter's license (if applicable)

## Bite & wound information

## Animal information

Date of bite	Time of bite <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Provoked <input type="checkbox"/> Unprovoked	Species <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fox <input type="checkbox"/> Bat <input type="checkbox"/> _____	Ownership <input type="checkbox"/> Victim's pet <input type="checkbox"/> Acquaintance's pet <input type="checkbox"/> Stranger's pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild animal <input type="checkbox"/> Unknown	Rabies status <input type="checkbox"/> Vaccinated; current <input type="checkbox"/> Vaccinated; not current <input type="checkbox"/> Never vaccinated <input type="checkbox"/> Unknown
Location of bite on body			Description of animal (Breed, color, sex, age, pet's name)		
Severity of bite <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			Owner's name		
Describe how bite occurred / comments			Owner's phone number		
Post-bite treatment Cleaned with soap & water? <input type="checkbox"/> Yes <input type="checkbox"/> No Disinfection applied? <input type="checkbox"/> Yes <input type="checkbox"/> No Tetanus administered? <input type="checkbox"/> Yes <input type="checkbox"/> No			Owner's address		
			Veterinarian's name and office location		
Address where bite occurred			<input type="checkbox"/> Same as victim <input type="checkbox"/> Same as pet owner <input type="checkbox"/> Other (add here)		