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**Oklahoma State Department of Health**

Protective Health Services

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**ROUTINE**

**ANIMAL BITE INVESTIGATION FORM**

**INITIAL CALL INFORMATION**

Date of Call:      County Health Dept. Contacted:

Name of Original Caller:      Contact Phone# for Caller:

Caller Associated with: [ ] Physician/physician’s office [ ] Animal Control/Law Enforcement [ ] Veterinarian/vet clinic

[ ] Private Citizen [ ] Sanitarian/Co. Health Dept. [ ] Other:

**VICTIM INFORMATION**

Name of Bite Victim:      Age:      Gender: [ ]  M [ ]  F

Parent or Guardian: (if < 18 years old)

Address of Victim:      City:

County:      State:      Zip Code:

Home Phone:      Work Phone:

What is the relationship of the bite victim, if any, to the animal’s owner?

[ ]  Relative - Lives at same address? [ ]  YES [ ]  NO

[ ]  Friend / Roommate - Lives at same address? [ ]  YES [ ]  NO

[ ]  Neighbor [ ]  Work Associate [ ]  No Association [ ]  None Listed / Other

Name of Health Care Professional Who Examined and Initially Treated Bite Wound(s):

 (First) (Last) (Degree or Title)

Hosp. / Clinic Address:

Office Phone:      After Hours Phone:

Has health care provider already made recommendations for rabies post-exposure prophylaxis (PEP)? [ ]  YES [ ]  NO

**BITE DETAILS**

Date Bite Occurred:      Approx. Time:      [ ]  AM [ ]  PM

Place / Address Where Bite Occurred:

City/State/Zip:      County:

Description of Bite Wound (# of bites, location on body, severity…):

Situation That Resulted in Bite: 🞏 PROVOKED 🞏 UNPROVOKED 🞏 UNABLE TO TELL

Briefly describe circumstances leading to bite:

List any witnesses to the bite:

**ANIMAL INFORMATION**

Biting animal was: [ ]  a **single**, identifiable animal [ ]  **one of a pack** or litter, not individually identifiable

Species: ☐ Dog ☐ Cat ☐ Ferret Breed / Color / Other description:

Gender: [ ]  Male [ ]  Female Approx. age of animal, if known:      Neutered: [ ]  Yes [ ]  No

Does animal have a known owner or keeper? [ ]  Yes [ ]  No

 If yes, Name:      Ph: Home      Work:

 Address/City/State/Zip:

 Directions to Address:

Has the animal been examined by a vet since the bit occurred? [ ]  Yes (Date Seen:      ) [ ]  No

 Veterinarian (if different from above):      Ph:

 Animal’s Health Status (per vet): [ ] Healthy, no compatible symptoms with rabies infection

 [ ] Some health problems, no compatible symptoms with rabies infection

 [ ] Unhealthy, symptoms compatible with rabies infection

Rabies Immunization Status: [ ]  Currently vaccinated [ ]  Not vaccinated [ ]  Vaccination status unknown

 Date of last rabies vaccination:      Type of Vaccine:      [ ]  1 yr [ ]  3 yr

 Veterinarian (if different from above):      Ph:

 Next most recent rabies vacc. date (if given):      Type of Vacc:      [ ]  1 yr [ ]  3 yr

What was animal’s behavior at the time of the bite? [ ]  NORMAL [ ]  ABNORMAL [ ]  UNKNOWN

 If abnormal, describe:

**CASE DISPOSITION / RECOMMENDATION**

[ ]  30 Day Rabies Observation Period at Veterinary Clinic or Approved Facility

 Quarantine Order Required? [ ]  YES [ ]  NO

 Supervising Veterinarian:      Ph:

 Scheduled Release Date:

 Status Upon Release:

|  |
| --- |
| [ ]  10 Day Home Quarantine Permissible Description of Confinement Used:       Scheduled Release Date:       Verification of healthy status upon release by:       |

[ ]  Animal Euthanized / Submitted for Rabies Testing

 Date of Euthanasia:

 Result of FA Test:

[ ]  Animal Not Available for Observation or Testing AND/OR

 Rabies PEP received by bite victim? [ ]  YES [ ]  NO

 Consulting or Treating Physician:      Ph:

 Address:

[ ]  Other Outcome / Recommendations:

**INVESTIGATOR**

Case Investigated By (print name):

Agency / Health Dept.:

Signature of Investigator:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: