



Oklahoma State Department of Health
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 postexposure 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 dog, cat, or ferret ☐ **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: _____

Rabies Immunization Status: ☐ Currently vaccinated ☐ Not vaccinated ☐ Vaccination status unknown

Date of last rabies vaccination: _____ Type of Vaccine Used: ☐ 1 year ☐ 3 year

Veterinarian: _____ Ph: _____

Next most recent rabies vaccination (if given): _____ Type of Vaccine Used: ☐ 1 year ☐ 3 year

What was animal's behavior at the time of the bite? ☐ NORMAL ☐ ABNORMAL ☐ UNKNOWN

If abnormal, describe: _____

Where is animal now? _____

CASE DISPOSITION / RECOMMENDATION

☐ 10 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

Result of FA Test: _____

☐ Animal Not Available for Observation or Testing

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.: _____

Other comments or notes: _____

Signature of Investigator: _____ Date Report Completed: _____