



Oklahoma State Department of Health
NON-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



NOTE: If health care provider has not been contacted, STOP investigation and immediately refer to health care provider for bite examination.

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: _____

NON-ROUTINE ANIMAL INFORMATION

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

Type/ Species / 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 bite 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: _____

CONFINEMENT/ ENCLOSURE INFORMATION

Is the animal currently confined at the vet's facility or animal control facility? ☐ Yes (*skip to Case Disposition*) ☐ No

Has the animal been raised in captivity? ☐ Yes ☐ No Length of time with current owner: _____

Previous owner name & contact information (if applicable): _____

Address of current confinement location: _____

Description of current animal house/pen: _____

Approximate size of openings (if any): _____ Is there a lock on the enclosure? ☐ Yes ☐ No

List any other animals kept on the premises: ? _____

Which, if any, of the above animals may come into contact with the animal being investigated? _____

In your opinion, based on current observations, what is the likelihood this animal came into contact with an exposed rabies vector (i.e. skunk, bat, stray dog or cat, etc.)? ☐ Very Likely ☐ Likely ☐ Possible, but Unlikely ☐ Very Unlikely

Other relevant findings or comments: _____

INVESTIGATOR for NON-ROUTINE ANIMAL BITE

Case Investigated By (print name): _____

Agency / Health Dept.: _____

Signature of Investigator: _____ Date Report Portion Completed: _____

EPIDEMIOLOGIST

Date Report Received by ADS: _____ Time: _____

Assigned Epidemiologist (print name): _____

Date of Final Notice / Contact with Bite Victim: _____

Signature of Epidemiologist: _____ Date Report Portion Completed: _____

CASE DISPOSITION / RECOMMENDATION

☐ 30 Day Rabies Observation Period

Quarantine Order Required? ☐ YES ☐ NO

Supervising Veterinarian: _____ Ph: _____

Date of Entry into Quarantine: _____

Date of Exit from Quarantine: _____

Status Upon Release: _____

Verification of healthy status upon release by: _____

☐ Animal Euthanized / Submitted for Rabies Testing

Euthanasia Order Required? ☐ YES ☐ NO

Date of Euthanasia: _____

Result of FA Test: _____

☐ Animal Not Available for Observation or Testing AND/OR

☐ Bite Victim Opted to Receive Rabies Post-exposure Prophylaxis

Rabies PEP received by bite victim? ☐ YES ☐ NO

Consulting or Treating Physician: _____ Ph: _____

Address: _____

☐ Very Low Risk. No Further Action Necessary.

☐ Other Outcome / Recommendations: _____