

# Animal Bite Report

Immediate notification of any person bitten by a domestic or wild animal is required due the potential of rabies exposure. (Title 17, California Code of Regulations [CCR], §2606). **Please fax immediately to the Marin Humane 415 382 1349.**

For questions on rabies post-exposure prophylaxis treatment call: 415 473 4163

## BITE VICTIM MEDICAL INFORMATION – To be completed by **MEDICAL STAFF**

Name of bite victim		Telephone Number	
Address: Number, Street		Apt./Unit No.	Mobile Number
City	State	Zip	Alternate Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Victim is under 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Guardian Name and Telephone Number (victim is under 18 years)	
<b>Date of Bite</b>		<b>Location(s) of bite wound on body</b>	
Extent of injury (Circle all that apply) <b>Cleaned &amp; Dressed    Antibiotics    Sutures    Plastic Surgery    Broken Bone(s)    Other:</b>			
Was patient previously vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of vaccination:		Was rabies post-exposure prophylaxis (PEP) initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused recommended PEP	
Name of medical provider and facility (e.g. name of hospital)			Date of treatment

## Circumstances of Bite – To be completed by **BITE VICTIM**

Describe what happened (e.g. you tried to pet the animal; the animal ran to you and bit; you were walking or riding a bike, etc.):


## ANIMAL INFORMATION – To be completed by **BITE VICTIM**

Species (e.g., dog, cat, raccoon)	Breed (when applicable)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Description (e.g., size, color, length of hair)		
Did the animal appear to be ill or acting strangely? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe behavior	
Animal's name( N/A for wild animals)	Age of animal	Dog license number
Veterinarian's Name and Clinic		Veterinarian's Telephone Number
Was the animal vaccinated against rabies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Date of last rabies vaccination

## OWNER INFORMATION – To be completed by **BITE VICTIM**

Owner Name (N/A for wild animals)		Telephone Number
Address: Number, Street		Mobile Number
City	State	Alternate Number

Do you want to file a complaint with Marin Humane?  yes  no