CASE NO: _____ TO: _____ DISTRICT

PERSON BITTEN

Identification

1. NAME (LAST AND FIRST)
2. AGE
3. ADDRESS (STREET AND NO.) (CITY)
4. PHONE NO. OF VICTIM
5. REPORTED BY
6. PHONE NO. OF REPORTER
7. DISTRICT

Injury

8. DATE & HOUR BITTEN
9. ADDRESS (STREET AND NO.)
10. BODY LOCATION, EXTENT & TYPE OF INJURY
11. HOW BITE OCCURED
☐ PROVOKED ☐ VICIOUS ☐ PLAYFUL ☐ SICK ☐ UNKNOWN ☐ OTHER:

Treatment of Wound

12. DATE EXAMINED
13. BY WHOM
14. PHONE NO.
15. ☐ PATIENT CONTACTED REGARDING TREATMENT
DATE _____ INITIAL _____
16. WAS TREATMENT RECOMMENDED? ☐ YES ☐ NO
WAS IT CARRIED OUT? ☐ YES ☐ NO

Anti-Rabies Treatment

17. ANTI-RABIES TREATMENT RECOMMENDED ☐ YES ☐ NO
18. RECOMMENDED BY (DHO OR PHYS.)
19. PHONE NO.
20. NO. OF DOSES
21. REFERRED TO
22. NO. OF DOSES GIVEN
23. GIVEN BY (DHO OR PHYS.)
24. PHONE NO.
25. ☐ PATIENT REFUSES ANTI-RABIES TREATMENT

Misc.

26. DATE & HOUR RECEIVED
27. RECEIVED BY
28. DATE & HOUR ASSIGNED
29. ASSIGNED TO
30. REMARKS

ANIMAL

31. POUND NO. _____

Identification

32. OWNER
33. ADDRESS (STREET AND NO.) (CITY)
34. PHONE NO.
35. TYPE OF ANIMAL
1. ☐ DOG 2. ☐ CAT 3. ☐ OTHER _____ (SPECIFY)
36. DISTRICT
37. DESCRIPTION OF ANIMAL
38. WAS DOG VACCINATED?
1. ☐ YES 2. ☐ NO 3. ☐ NOT VERIFIED
39. DATE VACCINATED
40. VACCINE
☐ CHICK EMBRYO ☐ PHENOLIZED TISSUE
41. VETERINARIAN

Quarantine

42. DATE & HOUR QUARANTINE CARD POSTED
43. INVESTIGATOR
44. CONDITION OF ANIMAL
45. *I have received the quarantine notice and understand the quarantine regulations.*
46. SIGNATURE OF OWNER OR CUSTODIAN
47. DATE & HOUR
48. DATES OF REVISITS AND CONDITION OF ANIMAL
_____ ☐ OK, _____ ☐ OK, _____ ☐ OK, _____ ☐ OK, _____ ☐ OK,
☐ NOT SEEN

Remarks

49.

Laboratory

50. LABORATORY REPORT ☐ NONE ☐ POS. ☐ NEG.
51. DATE
52. LABORATORY ☐ ZCHDL ☐ _____ OTHER (SPECIFY)

Release

53. *I certify that this animal has been under my observation for fourteen days, and there are no clinical signs or symptoms of any disease.*
54. SIGNATURE OF OFFICER
55. DATE
56. DIPOSITION ☐ RELEASED ☐ DIED ☐ DESTROYED ☐ NOT LOCATED
57. DATE
58. FINAL DIAGNOSIS ☐ RABIES ☐ NOT RABIES
59. DATE CASE CLOSED
60. INVESTIGATOR'S SIGNATURE
61. ANIMAL CONTROL DIRECTOR

CASE NO.

PERSON BITTEN (LAST NAME)

ANIMAL BITE REPORT

PREVENTIVE HEALTH SERVICES

COUNTY OF MADERA DEPARTMENT OF HEALTH SERVICES