

HUMAN BITE REPORT FORM
ANY HUMAN EXPOSURE TO A POTENTIALLY RABID ANIMAL
FLATHEAD CITY-COUNTY HEALTH DEPARTMENT, MONTANA

FAX REPORT TO 406-751-8127

PART 1 – Completed by HealthCare Provider, Not Patient

Patient's Name: _____ Age: _____ Male Female
Address: _____
Phone: _____ Parent/Guardian (if <18): _____

Bite/Exposure Information:

Date of Bite/Exposure: _____ Time: _____ AM PM (circle one)
Part of Body Bitten: _____ Skin Broken: Yes No
Treatment Given: Yes No _____ Date: _____
Physician: _____ Phone: _____
Name of Reporting Clinic/ED/Urgent Care: _____

Description of Animal: Dog Cat Other _____
Address/Location of Incident: _____
How Bite/Exposure Occurred (if known): _____

PART 2 – HEALTH DEPARTMENT OFFICE USE ONLY

Animal Control Officer: _____ CR#: _____
Animal Owner's Name (if known): _____ Phone: _____
Address: _____

Animal Information:

Animal Name: _____ Breed: _____ Color/s: _____
Age: _____ M F License No.: _____ Vaccinated: Yes No Unknown
Vaccination Cert. No.: _____ Vaccination Date: _____
Veterinarian: _____ Phone: _____
Provoked Bite: Yes No Prior Bites Reported: Yes No

Animal Disposition:

Animal Cannot Be Located Date: _____ Badge: _____
 Animal Died/Euthanized Date: _____ Badge: _____
 Animal Quarantined for 10 days – Animal Shelter Vet Home Start Date: _____ Badge: _____
 Animal Specimen Shipped to Laboratory Date: _____ Badge: _____
F.R.A. Test: Yes No
Test Results: Positive Negative Unsuitable Date: _____
Victim Notified: Yes No Date: _____ Initials: _____

Follow-Up:

Animal examined at end of quarantine and is healthy Date: _____ Badge: _____

Notes: _____

